

## Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full										TEACHERS FOR BETTER SCHOOLS																								
Full Name										Registration Number, if PAC																								
5/3 Bank																																		
Address					Type		I			N			0		M		6		D		2		6		1		Y		9		Amount		0.29	
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash											
Full Name										Registration Number, if PAC																								
5/3 Bank																																		
Address					Type		I			N			0		M		7		D		2		9		1		Y		9		Amount		0.38	
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash											
Full Name										Registration Number, if PAC																								
5/3 Bank																																		
Address					Type		I			N			0		M		8		D		2		8		1		Y		9		Amount		0.38	
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash											
Full Name										Registration Number, if PAC																								
5/3 Bank																																		
Address					Type		I			N			0		M		9		D		2		6		1		Y		9		Amount		0.39	
City					State		O			H			Zip Code					Form (Cash, Check, etc)					Cash											

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.44