## **Statement of Other Income**

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Prescribed by Secratary of State 2/01

Name of Committee in Full TEACHERS FOR BETTER SCI	HOOLS			
Full Name Fifth Third Bank			Registration Number, if PAC	
Address PO Box 630900	Type I N		1 M 2 2 D 9 1 0	Amount 0.27
City Cincinnati	State O H	Zip Code 43205	Form (Cash. Check, etc) Cash	
Full Name Fifth Third Bank		<u></u>	Registration Number, if PAC	
Address PO Box 630900	Type I N		0 1 2 7 1 1	Amount 0.32
City Cincinnati	State O H	Zip Code 43205	Form (Cash, Check, etc) Cash	CANADA CA
Full Name Fifth Third Bank	_		Registration Number, if PAC	
Address PO Box 630900	Type I N		0 2 2 4 1 1	Amount 0.39
City Cincinnati	State O H	Zip Code 43205	Form (Cash, Check, etc) Cash	
Full Name Fifth Third Bank			Registration Number, if PAC	
Address PO Box 630900	i N		0   3   2   9   1   1	Amount 0.55
City Cincinnati	State O H	Zip Code	Form (Cash, Check, etc) Cash	
Full Name ANNA CURTIN			Registration Number, if PAC	
Address 1943 LANGHAM RD	Type R E		0   4   1   1   1	Amount 3.00
COLUMBUS	State O H	Zip Code 43221	Form (Cash, Check, etc) Cash	

<sup>\*</sup> 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.