

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS							
Full Name Fifth Third Bank				Registration Number, if PAC			
Address PO Box 630900		Type I N			M 1	D 0	Amount 0.06
City Cincinnati		State O H	Zip Code 45263		Form (Cash, Check, etc) Cash		
Full Name Fifth Third Bank				Registration Number, if PAC			
Address PO Box 630900		Type I N			M 1	D 1	Amount 0.03
City Cincinnati		State O H	Zip Code 45263		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.