| Page 1        |
|---------------|
| rage <u>I</u> |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| N. C.  |  |                                      |            |  |                          |                          |  |
|--|--|--------------------------------------|------------|--|--------------------------|--------------------------|--|
| Name of Committee in Full Teachers for Better Schools  |  |                                      |            |  |                          |                          |  |
|  |  |                                      |            |  |                          | <u></u>                  |  |
| Columbus City Schools/ Columbus Board of Education   |  |                                      |            | Registration Number, if PAC  |                          |                          |  |
| Street Address   |  | cation/<br>ntion/Labor Organization* |            | ~~~  |                          |                          |  |
|  | 1 ' ' '  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 270 E. State Street  | Educatio   | <del></del>                          | T 5        | T  | Direct Deposit           |                          |  |
| Columbus   | State O H  | Zip Code<br>43215                    | M          | D  | Y                        | Amount                   |  |
| Full Name of Contributor   |  | 43213                                | 10         |  | 20.09                    |                          |  |
| Full Name of Contributor  Columbus City Schools/ Columbus Board of Education  Registration Number, if PAC  |  |                                      |            |  |                          |                          |  |
| Street Address   | Employer/Occupa  |                                      |            |  |                          |                          |  |
|  | 1  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 270 E. State Street  | Educatio   |                                      |            |  | Direct Deposit           |                          |  |
| ·  | State<br>O H   | Zip Code                             | M          | D  | 1                        | Amount                   |  |
| Columbus Full Name of Contributor  | IO H   | 43215                                | 1 0        |  | 20.09                    |                          |  |
| Tagaran Market and Mar |  |                                      |            |  |                          |                          |  |
| Marvella Dade<br>Street Address  | Ir   | 4 A 1 A A                            |            |  |                          | V2 10 10 1               |  |
|  | 1  | ation/Labor Organization*            |            |  |                          | Form (Cash, Check, etc.) |  |
| 290 Cherrystone Dr. E  | ·  | Columbus City Schools                |            |  |                          | Cash                     |  |
| Colores o  | State H  | Zip Code                             | M          | D  | Y                        | Amount                   |  |
| Gahanna<br>Full Name of Contributor  | O H  | 43230                                | 1 0        | delicisis anno esta contrata de la c  | 20.09                    | C                        |  |
| Susan Bauerle  |  |                                      | Registra   | ition Num  | ber, if PA               | С                        |  |
| Street Address   | Ir   | 71.5                                 |            |  |                          |                          |  |
|  | Employer/Occupa  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 5758 Aspendale Dr.   | Columbi  | <b>.</b>                             | ·          |  | Cash                     |                          |  |
| Calanalana   | State  | Zip Code                             | M          | D  | Y                        | Amount                   |  |
| Columbus Full Name of Contributor  | O H  | 43235                                |            |  | 20 09                    |                          |  |
| regional value of a line   |  |                                      |            |  |                          |                          |  |
| Richard Burkart Street Address   | Employer/Occupation/Labor Organization*                          |                                      |            |  |                          |                          |  |
|  | ł  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 5972 Rocky Hill Rd.  | Columbi  |                                      | Ţ <u>-</u> | ,  | Cash                     |                          |  |
| •  | State  | Zip Code                             | М          | D  |                          | Amount                   |  |
| Columbus Full Name of Contributor  | O H  | 43235                                | 1 0        | CONTRACTOR OF THE PARTY OF THE  | 20 09                    |                          |  |
| regionation runner, it is not a  |  |                                      |            |  |                          |                          |  |
| Marylou Posey Street Address   | Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |                                      |            |  |                          |                          |  |
|  |  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 200 Greenbier Ct.  | Columbi  |                                      | T          |  | Cash                     |                          |  |
| City   | State H  | Zip Code                             | M          | D _  | 1 1                      | Amount                   |  |
| Worthington  | O H  | 43085                                |            |  | 20 09                    |                          |  |
| Full Name of Contributor   |  |                                      | Registra   | tion Num   | ber, if PAC              | 0                        |  |
| Frederick Sutter   | T  |                                      |            | diameter and the second  |                          |                          |  |
| Street Address   | Employer/Occupa  |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 3527 Bolton Ave.   | Columbi  |                                      | ·          |  | cash                     |                          |  |
| City   | State  | Zip Code                             | М          | D  | Y                        | Amount                   |  |
| Columbus   | ОН   | 43227                                | 1 0        | No. of the Contract of the Con | 20 09                    | 3.00                     |  |
| Full Name of Contributor Registration Number, if PAC   |  |                                      |            |  |                          |                          |  |
| Kathy Arnold   |  |                                      |            |  |                          |                          |  |
| Street Address   | Employer/Occupation/Labor Organization*                          |                                      |            |  | Form (Cash, Check, etc.) |                          |  |
| 6269 Arcadia Dr.   | Columbus City Schools  |                                      |            | ,  |                          | Cash                     |  |
| City   | State  | Zíp Code                             | М          | D  | Y                        | Amount                   |  |
| Hilliard   | O H  | 43026                                | 1 0        | 1 5  | 20 09                    | 3.00                     |  |

Page Total \$ 1,902.88

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]