

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Teachers for Better Schools							
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 1 3 2009	Amount 917.94	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 6 2009	Amount 962.94	
Full Name of Contributor Marvella Dade					Registration Number, if PAC		
Street Address 290 Cherrystone Dr. E		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 1 5 2009	Amount 5.00	
Full Name of Contributor Susan Bauerle					Registration Number, if PAC		
Street Address 5758 Aspendale Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 1 5 2009	Amount 5.00	
Full Name of Contributor Richard Burkart					Registration Number, if PAC		
Street Address 5972 Rocky Hill Rd.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43235	M 1	D 0	Y 1 5 2009	Amount 5.00	
Full Name of Contributor Marylou Posey					Registration Number, if PAC		
Street Address 200 Greenbier Ct.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Frederick Sutter					Registration Number, if PAC		
Street Address 3527 Bolton Ave.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) cash		
City Columbus	State O H	Zip Code 43227	M 1	D 0	Y 1 5 2009	Amount 3.00	
Full Name of Contributor Kathy Arnold					Registration Number, if PAC		
Street Address 6269 Arcadia Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1 5 2009	Amount 3.00	

* 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)]

Page Total \$ 1,902.88