Dogo	2	
Page		

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Teachers for Better Schools							-
Full Name of Contributor			In		,		
Deborah McCoy		Registration Number, if P/				AC	
Street Address	Employer/Occur	action/Lohor Organization*				In (0.1 of	
404 S. Roys	Limproyen Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
City	State	Zip Code	1 1	T 75	1 .,	Check	
Columbus	OH	43204	$\begin{bmatrix} M \\ 0 \end{bmatrix}$	D 1 8	Y 20 08	Amount	15.00
Full Name of Contributor		1 10201			ber, if PA		10.00
Ernestine Creasy			5		1001, 1	10	
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>	Military Spiriteles and Market Spirite	er en	Form (Cash, Ch	eck etc.)
1574 Selkirk Rd.	, ,	<u>u</u>				Check	con, cic.,
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43227	0 4	1	20 08	II .	15.00
Full Name of Contributor			the same of the sa		ber, if PA		10.00
Carol Philip Perkins			_				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
572 Fallis Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43214	0.4	1 8	20 08	1	15.00
Full Name of Contributor					ber, if PA		X0.00
Ezetta Murray							
Street Address	Employer/Occup	ation/Labor Organization*	- Lancian de la company de			Form (Cash, Che	eck, etc.)
4740 Northtowne Blvd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43229	0.4	2 1	20 08		30.00
Full Name of Contributor			Marine Component Color (1981)		ber, if PA		
Carla Robinson			2000				
Street Address	Employer/Occupa	ation/Labor Organization*		to a real control of the second or a second		Form (Cash, Che	eck, etc.)
3091 Niagara Ct. E.						Cash	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43227	0 4	1 8	20 08		15.00
Full Name of Contributor			Registra	tion Numl	ber, if PA		
Pam Barnes							
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Che	ck, etc.)
19701 Brookfield			-			Cash	
City	State	Zip Code	М	D	Y	Amount	
Warrensville Hights	O H	44122	0.4	1 8	20.08		15.00
Full Name of Contributor			Registrat	ion Numl	oer, if PAG	С	
Karen Davis	· · · · · · · · · · · · · · · · · · ·				*****		
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Che	ck, etc.)
15715 Judson Dr.						Cash	
Clareland	State	Zip Code	М	D	Y	Amount	
Cleveland	O H	44128	0:4	1000	20 08		15.00
Full Name of Contributor	1 (0:1 ()	7 T	Registrat	ion Numl	er, if PAC	0	
Columbus Board of Education/ Colu Street Address				or specialistic descriptions			
	1	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
270 E. State St.	Educatio					_Payroll	
Coloradore	1	Zip Code	М	D		Amount	
Columbus	O H	43205	$ 0 \ 4 $	2 8	20 08		885.94

Page Total \$1,005.94	

^{*} 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)]