Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Teachers for Better Schools								
Full Name of Contributor				Registration Number, if PAC				
Columbus City Schools/ Co	lumbus Board of Edi	ucation			,	.~		
Street Address		pation/Labor Organization	1*			Form (Cash, Check, etc.)		
270 E. State Street	1 1	Education				Payroll Deduction		
City	State	Zip Code	M	D	ΙΥ	Amount		
Columbus	ОН		0:3	1	20.09			
Full Name of Contributor					ber, if PA	Control (1997)		
Columbus City Schools/ Co	lumbus Board of Edi	ucation			,			
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
270 E. State Street		Education				Payroll Deduction		
City	State	Zip Code	Гм	D	ΙΥ	Amount		
Columbus	ОН	43215		1	l .	ı		
Full Name of Contributor					0 4 1 3 20 09 906.44 Registration Number, if PAC			
Tan Name of Continuator			ACG15111	ition iviin	1001, 11 1 7			
Street Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
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City	State	Zip Code	M	D	ΙΥ	Amount		
			:					
Full Name of Contributor			Registra	ıtion Nur	ber, if PA	.C		
	1000							
Street Address	Employer/Occu	pation/Labor Organization)*		***************************************	Form (Cash, Check, etc.)		
		-						
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	ation Nurr	ber, if PA	.C		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Regist						Registration Number, if PAC		
Street Address	1*	Form (Cash, Check						
		Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Y	Amount		
				:				
Full Name of Contributor			Registra	ntion Num	ber, if PA	l.C		
					, , , , , , , , , , , , , , , , , , ,			
Street Address	Employer/Occur	pation/Labor Organization)*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
					•			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			KI KIN PIN PERSONALAKAN PERSONALAKAN PERSONALAKAN PERSONALAKAN PERSONALAKAN PERSONALAKAN PERSONALAKAN PERSONAL	Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
	1					TE .		

Page Total \$ 1,812.88

^{*} 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)]