

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Teachers for Better Schools							
Full Name of Contributor Kevin Arway					Registration Number, if PAC		
Street Address 643 Wilson Ave.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 1 5 2009	Amount 2.00	
Full Name of Contributor Patrick Crawford					Registration Number, if PAC		
Street Address 2839 Kensington Place		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43202	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Cynthia Rothackerr					Registration Number, if PAC		
Street Address 2270 Salbuck Ave.		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 1.00	
Full Name of Contributor Carolyn Lake					Registration Number, if PAC		
Street Address 260 West Como Ave.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43202	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Susan Flaherty					Registration Number, if PAC		
Street Address 4550 Summit Ridge Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Catherine Griffin					Registration Number, if PAC		
Street Address 9876 Morris Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Valerie Cummings					Registration Number, if PAC		
Street Address 2200 Belcher Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43224	M 1	D 0	Y 1 5 2009	Amount 1.00	
Full Name of Contributor Brent Greene					Registration Number, if PAC		
Street Address 256 Cross Wind Dr.		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Check		
City Westerville	State O H	Zip Code 43081	M 1	D 0	Y 1 5 2009	Amount 75.00	

* 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 \$ 83.00