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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			nean decimal management and			
Name of Committee in Full						
Teachers for Better Schools				dominanidasussasiosonasusio	Varanza a marina de la composición del composición de la composici	
Full Name of Contributor	ibutor Registration Number, if PA			ber, if PA	C	
Columbus School Board/ Columbus C						
Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
270 E. State St.	Education			Payroll Deduction		
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43205	0 6	0 8	20 09	901.94
Full Name of Contributor			Name of the Party		ber, if PA	
Columbus School Board/ Columbus C	ity Schools					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
270 E. State St.	Education			Payroll Deduction		
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43205	0 6	1	20 09	
Full Name of Contributor		10200	and an arrangement of the second	Contract Con	ber, if PA	
Columbus School Board/ Columbus C	ity Schoole		A CEIMER	cion i vain	001, 11 1 7 1	
Street Address		ntion/Labor Organization*		************************************		Form (Cash, Check, etc.)
1						Payroll Deduction
270 E. State St.	Education State Zip Code M D Y			Y	Amount	
8 ·	O H	43205			1 1	
Columbus		43203	0:7	-	20:09	
Full Name of Contributor	C.L. C.L.		Registra	BOH INUIN	ber, if PA	C
Columbus School Board/ Columbus C			<u> </u>			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
270 E. State St.	Education			,		Payroll Deduction
City	State	Zip Code	М	D	Y	Amount
Columbus	$\mid O \mid H$	43205	0:7	of exchanges and exchanges	20 09	Valuerania de la constanta de la companya de la constanta de l
Full Name of Contributor Registration Number, if PAC						
Columbus School Board/ Columbus C						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
270 E. State St.	Education				Payroll Deduction	
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43205	0:8	0 3	20 09	852.44
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Columbus School Board/ Columbus City Schools						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
270 E. State St.	Education				Payroll Deduction	
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43205	0 8	1 7	20.09	857.44
Full Name of Contributor					ber, if PA	
Columbus School Board/ Columbus C	ity Schools					
Street Address		ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
270 E. State St.	Education				Payroll Deduction	
City	State	Zip Code	Тм	D	Y	Amount
Columbus	OH	43205	0.8	1]	
Full Name of Contributor		1 30200		Commence Statement Commence	ber, if PA	B-00-00-00-00-00-00-00-00-00-00-00-00-00
Columbus School Board/ Columbus C	ity Schoole		LC RISH 4	IGOH PREHI	1001, 11 1 /1	
Street Address						Form (Cash, Check, etc.)
a de la companya de	Employer/Occupation/Labor Organization*					
270 E. State St.	Education			1 7/	Payroll Deduction	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43205	0 9	14	20 09	865.94

Page Total \$	6,947.02

^{*} 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)]