Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Full Name of Contributor			Registrat	Registration Number, if PAC				
Ruth Ross					***************************************			
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Check	
City	State	Zip Code	м 0 9	D 2 3	Y 0 9	Amount	100.00	
Full Name of Contributor					ber, if P/	AC		
Teachers for Better Schools				-				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash,		
929 E Broad St						Check	•	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43205	0 9	2 7	0 9		2,000.00	
Full Name of Contributor Susie Wright			Registra	tion Nun	iber, if Pa	AC		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
						Check		
City	State	Zip Code	М	D	Y	Amount		
			0 9	2 5	0 9		50.00	
Full Name of Contributor			Registra		nber, if P.	AC		
Marilyn M Daltonb								
Street Address	Employer/Occu				Form (Cash,	Check, etc.)		
1107 E Dunedin Rd						Checl	<	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43224	1 0	1 1	0 9		25.00	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC		
James Pearson								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
3224 Cannock						Checl	<	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43219	1 0	0 3	0 9		200.00	
Full Name of Contributor			Registra	ation Nur	nber, if P	AC		
Contributions from Event on 4/2	28							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
	State	Zip Code	M	D	Y	Amount		
City	State	Zip code	["				75.00	
			Registra	ation Nur	nber, if P	AC		
Full Name of Contributor	22		1.05.00.0		,			
Contributions from Event on 4/	Employer/Occupation/Labor Organization*						Check, etc.)	
Street Address	Employenoed							
City	State	Zip Code	M	D	Y	Amount	400.00	
							130.00	
Full Name of Contributor			Registra	ation Nu	mber, if P	AC		
Contributions from Event on 10					riiradashahamanini			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
C.L.	State	Zip Code	M	D	Y	Amount		
City	State	F. P. COU.	"				880.00	
				<u></u>			000.00	

Page Total \$ 3,460.00

^{*} 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)]