Page	2
_	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Teachers for Better Schools			ID	tion N	ber, if PA			
Full Name of Contributor			registra	uon Num	out, IT PA	C		
Sandra P. Cox	· · · · · · · · · · · · · · · · · · ·					Town /Co. L. Cl :		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5250 Hampton Lane		us City Schools		T		Check		
City	State	Zip Code	М	D	Υ	Amount	00	
Columbus	O H	43220-0223			20 09		.UU.	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Brian Johnson					<u></u>		0110022110222	
Street Address	I ' ' '	pation/Labor Organization*				Form (Cash, Check, etc.)		
5333 Branscom Blvd		Columbus City Schools			l	Check		
City	State	Zip Code	М	D	Y	Amount		
Westerville	O H	43081-8781	0 9		20 09	Valle State	.00	
Full Name of Contributor		A Proposition of the Contract	Registra	ition Num	ber, if PA	С		
Columbus School Board/ Colu	ımbus City Schools	<u> </u>			115000000000000000000000000000000000000	88900000000000000000000000000000000000		
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)		
270 E. State St.	Educati	on				Payroll Dedu	ictio	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43205	0 9	2:8	20:09	910.	.44	
Full Name of Contributor					ber, if PA	<u>R</u>	-	
			A constant					
Street Address	Employer/Occui	pation/Labor Organization*	<u></u>			Form (Cash, Check, etc.)		
	1	<u>.</u>				NAME OF THE PARTY		
City	State	Zip Code	М	D	Y	Amount		
	:		1					
Full Name of Contributor			Registra	tion Nur	ber, if PA	C		
3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3								
Street Address	Employer/Occur	oation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
						. ,		
City	State	Zip Code	M	D	Y	Amount		
City	State		"		1			
Full Name of Contributor			Register	ation Num	hber, if PA	C	***************************************	
EUR INAMIC OF CONTIDUIOT			wegistli	on intil	, 11 FA			
Street Address	Employed 10 -	pation/Labor Organization*		altrich Sabidi en en Abeliana (e		Form (Cash, Check, etc.)	derina de debera	
Street Address	eet Address Employer/Occupation/Labor Organization*				Form (Casn, Check, etc.)			
Cit.	Comment	Zin Code	M	D	ΙΥ	Amount		
City	State	Zip Code	I IVI	"	1	MINORIL		
E II N CO . 3 .			D	dies X	her ien	C		
Full Name of Contributor			Kegistr	auon Nun	iber, if PA			
	T	and a state of the state of				East Call Cl. 1		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
		In: C		· · · · · · · · · · · · · · · · · · ·	η			
City	State	Zip Code	М	D	Y	Amount		
						<u> </u>		
Full Name of Contributor		-	Registr	ation Nun	nber, if PA	i.C		
				······································			***************************************	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
							-	
City	State	Zip Code	М	D	Y	Amount		
Table Commission								
B				The second second second second				

Page Total S	1,066.44
--------------	----------

^{*} 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)]