Page <u>1</u>

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/ Columbus Bo	ard of Edu	cation			,	
Street Address		ntion/Labor Organization*				Form (Cash, Check, etc.)
270 E. State Street	Education					Direct Deposit
City	State	Zip Code	M	D	ΙΥ	Amount
Columbus	ОН	43215	1 2	0 7	20 09	969.44
Full Name of Contributor			and the second s	<u>Announcement and a second and </u>	ber, if PA	
Columbus City Schools/ Columbus Bo	ard of Edu	cation				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
270 E. State Street	Educatio				Direct Deposit	
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	1 2	2 1	20 09	968.94
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Columbus City Schools/ Columbus Board of Education						
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
270 E. State Street	Education					Direct Deposit
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	0 1	0/4	20 10	964.44
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Columbus City Schools/ Columbus Bo						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
270 E. State Street	Education					Direct Deposit
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43215	0.1	Contraction with the same	20 10	
Full Name of Contributor Registration Number, if PAC						
Susan McCoy				etrobasyurory mostler	and a sure of the	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
11690 Shadybrook Dr. NW	<u> </u>	us City Schools		T v2		Check
City	State	Zip Code	M	D	Y	Amount
Pickerington	O H	43147	0 1	INCOMES AND	20 10	
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Sue Strahon et Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Street Address	Columbus City Schools					
Cita	State	Zip Code	M	D	ΙΥ	Cash Amount
City	O H	Zip Code			20:10	
Full Name of Contributor			THE RESERVE OF THE PERSON NAMED IN COLUMN 1	CHANCOMOR CONTRACTOR	JZU:10 iber, if PA	
Columbus City Schools/ Columbus Bo	and of Edu	cation	Kegistra	IIIOH INBII	ibei, ii i A	C
Street Address						Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization* Education				Direct Deposit	
270 E. State Street	State	Zip Code	М	D	ΙΥ	Amount
Columbus	OH	43215		1	1 1	962.52
Full Name of Contributor		J 70410	0 2	AliveAugusturia du maiga	- Commence of the Commence of the	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education Registration Number, if PAC						
					Form (Cash, Check, etc.)	
270 E. State Street	Education			Direct Deposit		
City	State	Zip Code	M	D	ΙΥ	Amount
Columbus	ОН	43215	0 2	1	20:10	

Page Total \$	5,998.88

^{*} 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)]