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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				e de la Novembro de la esta la proposação de la esta l	observation/best techni				
Name of Committee in Full									
Teahers for Better Schools			In	4 N	L :C D A				
Full Name of Contributor Columbus City Schools/ Columbus Bo	oard of Edu	cation	Registra	uon Num	ber, if PA	C			
Street Address	Employer/Occup	ation/Labor Organization*			W-3000000000000000000000000000000000000	Form (Cash, Check, etc.)			
270 E. State St.	Education					Direct Deposit			
City	State	Zip Code	М	D	ΙΥ	Amount			
Columbus	ОН	43215	0 4	2.6	20 10	957.02			
Full Name of Contributor			ber, if PA						
Columbus City Schools/ Columbus Bo	oard of Edu	cation							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
270 E. State St.	Education	Education				Direct Deposit			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43215	0 5	1 0	20 10	962.02			
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
Columbus City Schools/ Columbus Board of Education									
Street Address					Form (Cash, Check, etc.				
270 E. State St.	Education	Education				Direct Deposit			
City	State	Zip Code	М	D	Y	Amount			
Columbus	OH	43215	0.5	2 4	20 10	963.52			
Full Name of Contributor					ber, if PA				
NATIONAL COLORS									
Street Address	Employer/Occup				Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor					Registration Number, if PAC				
Street Address	Form (Cash, Check, etc.)								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				om (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor			Registra	ition Nun	ber, if PA	C			
Street Address	Employer/Occup				Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration					ber, if PA				
Court Address	Employar/Occur	ation/Labor Organization*			en gandaret ganderet (17)	Form (Cash, Check, etc.)			
Street Address	Employer/Occup				Point (Cash, Check, etc.)				
City	State	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration Number, if PA						Acceptance contraction of the co			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)					
City	State	Zip Code	М	D	Y	Amount			
					1	l.			

* 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 \$ 2,882.56