Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full						
Teachers for Better Schools						
Full Name of Contributor			Registra	ition Num	ber, if PA	С
Kilroy for Congress	T					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
P. O. Box 2582	Politician			,	,	Check
City	State	Zip Code	M	D	Υ	Amount
Columbus	0 H	43216	1 0		20 08	
Full Name of Contributor	1 (7) 1	. •	Registra	tion Num	ber, if PA	С
Columbus City Schools/ Columbus Bo						
Street Address	1 ' ' '	ntion/Labor Organization*				Form (Cash, Check, etc.)
270 E. State St.	Educatio			,		Payroll Deduction
City	State	Zip Code	M	D	Y	Amount
Columbus	O H	43215	1 0	2 7	20 08	899.44
Full Name of Contributor Registration Number, if PAC						
Columbus City Schools/ Columbus Bo						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
270 E. State St.	Educatio	n				Payroll Deduction
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, if PA	C
Columbus City Schools/ Columbus Bo	ard of Edu	cation	100			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
270 E. State St.	Educatio	on				Payroll Deduction
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43215	1 1 1	2 4	20 08	902.44
Full Name of Contributor				midical district and a second street of the	ber, if PA	and and an interest to the same and a second
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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	-		1			
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	ΙΥ	Amount
·		'				
Full Name of Contributor			Registra	tion Num	ber, if PA	C
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Street Address	Employer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	М	D	Y	Amount
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Full Norman of Contribution			In		CDA	
Full Name of Contributor Registration Number, if PAC						
Compat Address	rla . /C	Alan II ahan O				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Δ.	0	Lee on the	T 3.	Tr	1	
City	State	Zip Code	M	D	Y	Amount

Page Total \$ 4,203.32		
	Page Total	\$ 4,203.32

^{*} 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)]