

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
Full Name of Contributor Columbus Board of Education - Payroll Deduction							Registration Number, if PAC		
Street Address 270 E.State St.				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Payroll Deduction	
City Columbus		State O H	Zip Code 43215	M 1	D 0	Y 2 1	Y 1 9	Amount 1,826.50	
Full Name of Contributor Columbus Board of Education - Payroll Deduction							Registration Number, if PAC		
Street Address 270 E.State St.				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Payroll Deduction	
City Columbus		State O H	Zip Code 43215	M 1	D 1	Y 0 4	Y 1 9	Amount 1,827.50	
Full Name of Contributor Columbus Board of Education - Payroll Deduction							Registration Number, if PAC		
Street Address 270 E.State St.				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Payroll Deduction	
City Columbus		State O H	Zip Code 43215	M 1	D 1	Y 1 8	Y 1 9	Amount 1,853.00	
Full Name of Contributor Columbus Board of Education - Payroll Deduction							Registration Number, if PAC		
Street Address 270 E.State St.				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Payroll Deduction	
City Columbus		State O H	Zip Code 43215	M 1	D 2	Y 0 2	Y 1 9	Amount 1,850.50	

* 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