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 Board of Education							
Street Address	Employer/Occupa				Form (Cash, Check, etc.)		
270 E. State Street	Educatio				Direct Deposit		
City		Zip Code	М	D	Υ	Amount	
Columbus	O H	43215	0.4	OCCUPATION OF THE PARTY OF THE	20 09		
Full Name of Contributor Registration Number, if PAC							
Columbus City Schools/ Columbus Board of Education						(Cl(hl	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
270 E. State Street	Education State	М	D	Y	Direct Deposit		
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Columbus		43213	0 5	and the second second second second			
Full Name of Contributor Teachers for Better Schools							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
270 E. State Street	Education					Direct Deposit	
City	State	Zip Code	М	D	Υ	Amount	
Columbus	ОН	43215	0:5	2:6	20 09	903.44	
Full Name of Contributor					ber, if PA	A	
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor Registration Number, if PAG						C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PA						sC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
	Chata	7:- Code	М	l D	ΙΥ	Amount	
City	State	Zip Code	IVI		l Y	Amount	
Edl Name of Contributor			Registra	tion Nun	her if PA	<u> </u>	
Full Name of Contributor				Registration Number, if PAC			
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address Employer/Occupation/Labor Organization						Tom (edon, enou, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if PAG						\C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
					:		

Page Total \$ 2,713.32

^{*} 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)]