

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Teachers for Better Schools							
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 3	D 0 1	Y 2010	Amount 974.02	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 5	Y 2010	Amount 969.02	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 9	Y 2010	Amount 964.52	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State Street		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 4	D 1 2	Y 2010	Amount 964.52	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 3,872.08