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## 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					C		
Columbus City Schools/ Columbus Boa					and the second s		
	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
270 E. State Street	Education				,	Direct Deposit	
City		Zip Code	M	D	Y	Amount OT4 OO	
Columbus	OH	43215	0 3		20 10	974.02	
Full Name of Contributor	and of Edu	action	Registrai	HOII INUIH	ber, if PA		
Columbus City Schools/ Columbus Boo 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	0.3	1 5	20 10	969.02	
Full Name of Contributor			NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	OVER NO DATE OF THE PARTY OF TH	ber, if PA		
Columbus City Schools/ Columbus Boa	ard of Edu	cation					
Street Address		tion/Labor Organization*	k			Form (Cash, Check, etc.)	
270 E. State Street	Educatio	n				Direct Deposit	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43215	0 3	2.9	20 10	964.52	
Full Name of Contributor		_	Registra	ion Num	ber, if PA	С	
Columbus City Schools/ Columbus Box				***************************************			
Street Address		tion/Labor Organization*				Form (Cash, Check, etc.)	
270 E. State Street	Educatio		1 54	I	1 1/	Direct Deposit	
City Call and Issue	State H	Zip Code 43215	M A	D	Y 20:10	Amount 964.52	
Columbus		43213	0.4		20 10		
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)				
isteet / Address							
City	State	Zip Code	М	D	Y	Amount	
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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	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Nur	ber, if PA	C	
	-						
Street Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
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City	State	Zip Code	IVI		ı ı	Amount	
Full Name of Contributor Registration Number, if PAC					C		
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Ca.			Form (Cash, Check, etc.)				
51100171000	Som (caus, chock, vic.)						
City	State	Zip Code	М	D	Y	Amount	
•	-					Same and the same	
	Account to the contract of the		revoluncement consumer cons	danmanan marka	, a) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	illa marana manakanya intana kananja panisa manamana mana anga manakana mayanga ing ing ing ing ing ing ing ing	

Page Total \$	3,872.08
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<sup>\*</sup> 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)]