

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 St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 1 2	D 0 8	Y 20 08	Amount 902.44	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 1 2	D 2 2	Y 20 08	Amount 899.94	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 0 1	D 0 5	Y 20 09	Amount 899.94	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 0 1	D 2 0	Y 20 09	Amount 896.44	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 0 2	D 0 2	Y 20 09	Amount 898.44	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 2009	M 0 2	D 1 7	Y 20 09	Amount 899.44	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 0 3	D 0 2	Y 20 09	Amount 907.44	
Full Name of Contributor Columbus City Schools/ Columbus Board of Education					Registration Number, if PAC		
Street Address 270 E. State St.		Employer/Occupation/Labor Organization* Education			Form (Cash, Check, etc.) Payroll Deduction		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 6	Y 20 09	Amount 907.44	

* 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)]