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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			Registra	tion Num	ber, if PA	C	
Columbus City Schools/ Columbus Bo	ard of Edu	cation					
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
270 E. State St.	Educatio	n				Payroll Deduction	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Columbus City Schools/ Columbus Board of Education							
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Columbus City Schools/ Columbus Board of Education							
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Full Name of Contributor Registration Number, if PAC							
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Columbus City Schools/ Columbus Board of Education							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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Columbus	State H	I -		D		Amount OO7 44	
Columbus Full Name of Contributor		43215	0 3	A CONTRACTOR OF THE PARTY OF TH	20 09		
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	Education						
270 E. State St.	State	Zip Code	М	D	Υ	Payroll Deductio	
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Columbus	OH	43215	0:3	1 6	20 09	907.44	

Page Total \$ 7,211.52

^{*} 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)]