

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Teachers for Better Schools						Registration Number, if PAC 3111102994		
Full Name of Candidate								
Street Address 929 East Broad St.					Office Sought		District	
City Columbus					State O H		Zip Code 43205	
Type of Report (place X to the left of report type)	Pre-Primary		X		Post-Primary 2010		Post-General	
	July Monthly		August Monthly		September Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		Annual Year
						M	D	Y
						0	5	20 10
						0	4	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

FILED
10 JUN -4 PM 1:19
FRANKLIN COUNTY
BOARD OF ELECTIONS

1. Amount brought forward from last report	\$ 22,016.81
2. Total monetary contributions (From Form No. 31-A)	\$ 2,882.56
3. Total other income (From Form No. 31-A-2)	\$ 1.55
4. Total funds available (sum of lines 1, 2, 3)	\$ 24,900.92
5. Total monetary expenditures (From Form No. 31-B)	\$ 6,900.00
6. Balance on hand (line 4 minus line 5)	\$ 18,000.92
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Greg Goodlander, Treasurer [Signature] 6/4/2010
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution
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Expenditure
pages 1

Other
pages 17

Total
pages 19

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.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 6	Y 2010	Amount 957.02	
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.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 0	Y 2010	Amount 962.02	
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.) Direct Deposit		
City Columbus	State O H	Zip Code 43215	M 0 5	D 2 4	Y 2010	Amount 963.52	
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	
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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Teachers for Better Schools							
Full Name Fifth Third Bank				Registration Number, if PAC			
Address P.O.Box 630900		Type* I N		M 0	D 4	Y 2010	Amount 0.85
City Cincinnati		State O H		Zip Code 43205		Form(Cash,Check,etc) Direct Deposit	
Full Name Fifth Third Bank				Registration Number, if PAC			
Address P.O.Box 630900		Type* I N		M 0	D 5	Y 2010	Amount 0.70
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State		Zip Code		Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teachers for Better Schools										
To Whom Paid W. Carlton Weddington						M	D	Y	Amount	
						0	4	2 2	2010	2,000.00
Address 75 N. Ohio Ave.				Purpose Campaign Contribution						
City Columbus		State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 43203		Check Number 219				
To Whom Paid Ohio Fund for Children and Public Education						M	D	Y	Amount	
						0	5	0 7	2010	4,900.00
Address 225 E. Broad St.				Purpose OEA Fundraising at the Spring Representative Assembly						
City Columbus		State <input type="radio"/> O <input checked="" type="radio"/> H		Zip Code 43215		Check Number 220				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City		State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City		State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City		State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City		State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount	
Address						Purpose				
City		State		Zip Code		Check Number				