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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Teachers for Better Schools							Registration Number, if PAC 3111102994		
Full Name of Candidate									
Street Address 929 E. Broad St.					Office Sought			District	
City Columbus					State O H		Zip Code 43205		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General	Annual Year
		July		August		September		Termination	Semiannual
		Monthly		Monthly		Monthly			
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		M 0 5	D 0 4	Y 20 10

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.

1. Amount brought forward from last report	\$	12,143.15
2. Total monetary contributions (From Form No. 31-A)	\$	9,870.96
3. Total other income (From Form No. 31-A-2)	\$	2.70
4. Total funds available (sum of lines 1, 2, 3)	\$	22,016.81
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	22,016.81
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
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

4/21/2010
Date

Contribution pages 2

Expenditure pages 1

Other pages 21

Total pages 24

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 1 2	D 0 7	Y 20 09	Amount 969.44
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 1 2	D 2 1	Y 20 09	Amount 968.94
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 1	D 0 4	Y 20 10	Amount 964.44
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 1	D 1 9	Y 20 10	Amount 959.02
Full Name of Contributor Susan McCoy				Registration Number, if PAC		
Street Address 11690 Shadybrook Dr. NW		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Check	
City Pickerington	State O H	Zip Code 43147	M 0 1	D 0 5	Y 20 10	Amount 200.00
Full Name of Contributor Sue Strahon				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization* Columbus City Schools			Form (Cash, Check, etc.) Cash	
City	State O H	Zip Code	M 0 1	D 2 1	Y 20 10	Amount 1.00
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 2	D 0 1	Y 20 10	Amount 962.52
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 2	D 1 6	Y 20 10	Amount 973.52

* 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)]

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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Teachers for Better Schools									
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					
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					

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 1	D 2	Y 9	Amount 0.60
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 1	Y 2	Amount 0.59
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 2	Y 4	Amount 0.65
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 3	Y 2	Amount 0.86
City Cincinnati		State O H		Zip Code 43205		Form(Cash,Check,etc) Direct Deposit	
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.