

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full   |  |       |  |                                        |  |       |                             |       |  |       |  |
|-----------------------------|--|-------|--|----------------------------------------|--|-------|-----------------------------|-------|--|-------|--|
| TEACHERS FOR BETTER SCHOOLS |  |       |  |                                        |  |       |                             |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| DANNETTE D WILLIAMS         |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 5780 ELMGEE DR              |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| DELAWARE                    |  | O   H |  | 43015                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 30.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| LINDA M LONG                |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 51 WESTWOOD RD              |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| COLUMBUS                    |  | O   H |  | 43214                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 35.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| PATRICIA L KRAMER           |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 7169 STATE ROUTE 188        |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| CIRCLEVILLE                 |  | O   H |  | 43113                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 50.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| PAULA M LAMBERT             |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 241 EVENING WAY             |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| PICKERINGTON                |  | O   H |  | 43147                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 10.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| FRANCES C PENN              |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 710 OLDE ORCHARD CT         |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| COLUMBUS                    |  | O   H |  | 43213                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 20.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| CECILIA M OTTERSBAUGH       |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 2403 BRYDEN RD              |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| BEXLEY                      |  | O   H |  | 43209                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 30.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| AMY G THOMAS                |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 6462 ELLIS NOOK DR          |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| NEW ALBANY                  |  | O   H |  | 43054                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 26.00                       |       |  |       |  |
| Full Name of Contributor    |  |       |  |                                        |  |       | Registration Number, if PAC |       |  |       |  |
| LYNETTE A WOODS             |  |       |  |                                        |  |       |                             |       |  |       |  |
| Street Address              |  |       |  | Employer/Occupation/Labor Organization |  |       | Form (Cash, Check, etc.)    |       |  |       |  |
| 7977 BLUEFIELD ST           |  |       |  | COLUMBUS CITY SD                       |  |       | Check                       |       |  |       |  |
| City                        |  | State |  | Zip Code                               |  | M     |                             | D     |  | Y     |  |
| CANAL WINCHESTER            |  | O   H |  | 43110                                  |  | 0   4 |                             | 1   4 |  | 1   1 |  |
|                             |  |       |  |                                        |  |       | Amount                      |       |  |       |  |
|                             |  |       |  |                                        |  |       | 26.00                       |       |  |       |  |

\* 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 also appear. [R.C. 3517.10(B)(4)]