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Statement of Contributions Received

Prescribed by Secratary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS			-							
Full Name of Contributor						Reg	istratio	n Num	ber, if F	PAC
Columbus Board of Education - Payroll Deduction					,					
Street Address	Emp	loveriC	occupation/Labo	r Orga	nization)				Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
Cny Columbus	O	ate H	43215	1	1 2	1) 0	1	/ 2	Amount 2,368.60
Full Name of Contributor		!		!		Req	istration	n Numi	ber, if F	PAC
CLAUDIA A ESCHELBACH										
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)
3493 KIRKWOOD RD	COLUMBUS CITY SD									Check
COLUMBUS	St O	ate H	Zip Code 43227	1	2	1) 7	1	2	Amount 130.00
Full Name of Contributor	<u> </u>	<u> </u>	<u> </u>			Rea	istratio	n Numt	ber, if F	PAC
Columbus Board of Education - Payroll Deduction										
Street Address	Emp	lover/C	occupation/Labo	r Orga	uzation	1				Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
Columbus	St O	ale H	Zip Code 43215	1	2	2	5 4	1	2	Amount 2,355.60
Full Name of Contributor					_		istration	n Numi		PÄC
Columbus Board of Education - Payroll Deduction										
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
City Columbus	O O	ate H	Zip Code 43215	0	1 1	0	7	1	3	Amount 2,360.60
Full Name of Contributor	<u> </u>		<u> </u>			Req	stratio	n Numi	per, if F	PAC
Columbus Board of Education - Payroll Deduction										
Street Address	Employer/Occupation/Labor Organization					1				Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
City Columbus	St	ate	Zip Code 43215	٨	1	()		7	Amount 2,342.60
	0	н	40210	0	1	2	2	1	3	2,542.00
Full Name of Contributor					Ī	Req	stration	Numl	per, if P	PAC
Columbus Board of Education - Payroll Deduction										
Street Address	Emp	olover/C	occupation/Labo	r Orgai	nization	1				Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
Columbus	0	ate H	Zip Code 43215	0	2	0) 4	1	3	Amount 2,363.60
Full Name of Contributor		-				Req	stration	n Num	per, if F	AC
Columbus Board of Education - Payroll Deduction					ì					
Street Address	Emp	lover/C	ccupation/Labo	r Orgai	nization	1				Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
City Columbus	_	ate	Zip Code 43215	, r	l	1	5 I a	,	1 2	Amount 2,363.60
Full Name of Contributor	0	Н		0	2	Doc.	9 stration	New	3	Δ.
Columbus Board of Education - Payroll Deduction							isu aliOi	i ivum!	Jer, ITP	, AC
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)
270 E.State St.										Payroll Deduction
City Columbus		ate H	Zip Code 43215	0	3	0	4	1	3	Amount 2,356.60

^{*} 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)]