

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS							
Full Name of Contributor RHONDA R JOHNSON						Registration Number, if PAC	
Street Address 5588 QUEENS PARK DR			Employer/Occupation/Labor Organization RETIRED EDUCATOR			Form (Cash, Check, etc.) Check	
City DUBLIN			State O H	Zip Code 43016	M 0 7	D 2 7	Y 1 5
						Amount	25.00
Full Name of Contributor RHONDA R JOHNSON						Registration Number, if PAC	
Street Address 5588 QUEENS PARK DR			Employer/Occupation/Labor Organization RETIRED EDUCATOR			Form (Cash, Check, etc.) Check	
City DUBLIN			State O H	Zip Code 43016	M 0 7	D 3 0	Y 1 5
						Amount	25.00
Full Name of Contributor CHRISTINA L MASER						Registration Number, if PAC	
Street Address 4199 COLISTER DR			Employer/Occupation/Labor Organization RETIRED EDUCATOR			Form (Cash, Check, etc.) Check	
City DUBLIN			State O H	Zip Code 43016	M 0 7	D 3 0	Y 1 5
						Amount	10.00
Full Name of Contributor Columbus Board of Education - Payroll Deduction						Registration Number, if PAC	
Street Address 270 E.State St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Payroll Deduction	
City Columbus			State O H	Zip Code 43215	M 0 8	D 0 3	Y 1 5
						Amount	2,267.00
Full Name of Contributor Columbus Board of Education - Payroll Deduction						Registration Number, if PAC	
Street Address 270 E.State St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Payroll Deduction	
City Columbus			State O H	Zip Code 43215	M 0 8	D 1 9	Y 1 5
						Amount	2,252.00
Full Name of Contributor Columbus Board of Education - Payroll Deduction						Registration Number, if PAC	
Street Address 270 E.State St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Payroll Deduction	
City Columbus			State O H	Zip Code 43215	M 0 8	D 3 1	Y 1 5
						Amount	2,241.00
Full Name of Contributor CHRISTINA L MASER						Registration Number, if PAC	
Street Address 4199 COLISTER DR			Employer/Occupation/Labor Organization RETIRED EDUCATOR			Form (Cash, Check, etc.) Check	
City DUBLIN			State O H	Zip Code 43016	M 0 9	D 0 9	Y 1 5
						Amount	10.00
Full Name of Contributor Columbus Board of Education - Payroll Deduction						Registration Number, if PAC	
Street Address 270 E.State St.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Payroll Deduction	
City Columbus			State O H	Zip Code 43215	M 0 9	D 1 4	Y 1 5
						Amount	2,109.00

* 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)]

Page Total \$ **8,939.00**