

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--|--|--|--------------------------|-------------------|--|--|
| Name of Committee in Full TEACHERS FOR BETTER SCHOOLS | | | | | | | |
| Full Name of Contributor JOYCE E WILLEKE | | | | | | Registration Number, if PAC | |
| Street Address 616 RICHARDS RD | | | Employer/Occupation/Labor Organization RETIRED | | | Form (Cash, Check, etc.) Check | |
| City COLUMBUS | | | State O H | Zip Code 43214 | M 0 9 | D 2 5 | Y 1 3 Amount 50.00 |
| 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 2 7 | Y 1 3 Amount 2,174.10 |
| 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 1 0 | D 1 5 | Y 1 3 Amount 2,159.50 |

* 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 \$ 4,383.60