

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS							
Full Name of Contributor TONI L LINK						Registration Number, if PAC	
Street Address 9956 GALENA POINTE DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City GALENA		State O H	Zip Code 43021	M 0 4	D 1 4	Y 1 1	Amount 50.00
Full Name of Contributor KRISTINA P SMITH						Registration Number, if PAC	
Street Address 468 WOODVIEW RD			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City WESTERVILLE		State O H	Zip Code 43081	M 0 4	D 1 4	Y 1 1	Amount 50.00
Full Name of Contributor KAREN S BRENNAN-RHOADES						Registration Number, if PAC	
Street Address 4611 HEATHER RIDGE DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City HILLIARD		State O H	Zip Code 43026	M 0 4	D 1 4	Y 1 1	Amount 40.00
Full Name of Contributor ANDREA J WENSINK						Registration Number, if PAC	
Street Address 238 WINTHROP RD			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City COLUMBUS		State O H	Zip Code 43214	M 0 4	D 1 4	Y 1 1	Amount 40.00
Full Name of Contributor MARTHA B SWIFT						Registration Number, if PAC	
Street Address 2225 DORSET RD			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City COLUMBUS		State O H	Zip Code 43221	M 0 4	D 1 4	Y 1 1	Amount 30.00
Full Name of Contributor PAMELA J STAFFEN						Registration Number, if PAC	
Street Address 2885 BROOKHAVEN DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City LEWIS CENTER		State O H	Zip Code 43035	M 0 4	D 1 4	Y 1 1	Amount 26.00
Full Name of Contributor NIKKI G SPARKS						Registration Number, if PAC	
Street Address 7251 RISING WAY			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City COLUMBUS		State O H	Zip Code 43235	M 0 4	D 1 4	Y 1 1	Amount 35.00
Full Name of Contributor KATHRYN F DARLING						Registration Number, if PAC	
Street Address 212 OAKWOOD CT			Employer/Occupation/Labor Organization COLUMBUS CITY SD			Form (Cash, Check, etc.) Check	
City WESTERVILLE		State O H	Zip Code 43081	M 0 4	D 1 4	Y 1 1	Amount 300.00

* 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(H)(4)]