

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
Full Name of Contributor CHRISTINE L ROOT							Registration Number, if PAC		
Street Address 7880 NICHOLS LN				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City JOHNSTOWN				State O H	Zip Code 43031	M 0 3	D 1 5	Y 1 1	Amount 26.00
Full Name of Contributor MARILYN R ALLEN							Registration Number, if PAC		
Street Address 1086 W 2nd Ave				Employer/Occupation/Labor Organization UNAVAILABLE				Form (Cash, Check, etc.) Check	
City COLUMBUS				State O H	Zip Code 43212	M 0 3	D 1 5	Y 1 1	Amount 100.00
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 3	D 2 8	Y 1 1	Amount 1,074.06
Full Name of Contributor CONSTANCE B WILLIAMS							Registration Number, if PAC		
Street Address 5188 STRAWBERRY FARMS BLVD				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City COLUMBUS				State O H	Zip Code 43230	M 0 3	D 2 9	Y 1 1	Amount 50.00
Full Name of Contributor LUANN S OLIVER							Registration Number, if PAC		
Street Address 10123 BECKFORD ST				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City PICKERINGTON				State O H	Zip Code 43147	M 0 3	D 2 9	Y 1 1	Amount 35.00
Full Name of Contributor ANNA L SCHWAB							Registration Number, if PAC		
Street Address 8989 NEWMILLS LN				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City LEWIS CENTER				State O H	Zip Code 43035	M 0 3	D 2 9	Y 1 1	Amount 30.00
Full Name of Contributor ROBERT H GRAVATT							Registration Number, if PAC		
Street Address 29 GREEN ML				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City BLACKLICK				State O H	Zip Code 43004	M 0 3	D 2 9	Y 1 1	Amount 26.00
Full Name of Contributor THOMAS E CRIPE							Registration Number, if PAC		
Street Address 1065 POPPY HILLS DR				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City BLACKLICK				State O H	Zip Code 43004	M 0 3	D 2 9	Y 1 1	Amount 25.00
Full Name of Contributor JENNIFER S DUNN							Registration Number, if PAC		
Street Address 5281 SANDALWOOD CT				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City COLUMBUS				State O H	Zip Code 43229	M 0 3	D 2 9	Y 1 1	Amount 20.00

* 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 \$ 1,386.06