

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
Full Name of Contributor ERIN E LACEY						Registration Number, if PAC			
Street Address 1065 KENLEY AVE			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43220	M 0 5	D 0 9	Y 1 1	Amount 25.00		
Full Name of Contributor SHARON S SWANSON						Registration Number, if PAC			
Street Address 1586 RAYNE LN			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43220	M 0 5	D 0 9	Y 1 1	Amount 25.00		
Full Name of Contributor ANGEL L NEGRON						Registration Number, if PAC			
Street Address 3071 KINGS REALM AVE			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43232	M 0 5	D 0 9	Y 1 1	Amount 20.00		
Full Name of Contributor WILLIAM E IRVIN						Registration Number, if PAC			
Street Address 1945 LIMETREE DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City GROVE CITY		State O H	Zip Code 43123	M 0 5	D 0 9	Y 1 1	Amount 25.00		
Full Name of Contributor REGINALD D CARRINGTON						Registration Number, if PAC			
Street Address 4831 NIELES EDGE DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43232	M 0 5	D 0 9	Y 1 1	Amount 100.00		
Full Name of Contributor CAROL J NEAGUE						Registration Number, if PAC			
Street Address 690 LYNNFIELD DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City WESTERVILLE		State O H	Zip Code 43081	M 0 5	D 0 9	Y 1 1	Amount 50.00		
Full Name of Contributor MEGAN A ADAIR						Registration Number, if PAC			
Street Address 2565 BRISTOL RD			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43221	M 0 5	D 0 9	Y 1 1	Amount 25.00		
Full Name of Contributor BONITA Z AGNEW						Registration Number, if PAC			
Street Address 3185 MELBURY DR			Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check		
City COLUMBUS		State O H	Zip Code 43221	M 0 5	D 1 3	Y 1 1	Amount 160.00		

* 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 pay roll 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)(3)(4)]