

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
Full Name of Contributor MARTINE M LEGRAND							Registration Number, if PAC		
Street Address 1055 SUNNY HILL 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 0 6	Y 1 1	Amount 21.00		
Full Name of Contributor NATHALIE MAERSCHALCK							Registration Number, if PAC		
Street Address 2788 KENSINGTON PL W				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City COLUMBUS		State O H	Zip Code 43202	M 0 5	D 0 6	Y 1 1	Amount 21.00		
Full Name of Contributor MARILYN J SCHWARZKOPF							Registration Number, if PAC		
Street Address 292 LAMBOURNE AVE				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City WORTHINGTON		State O H	Zip Code 43085	M 0 5	D 0 6	Y 1 1	Amount 25.00		
Full Name of Contributor SUSAN M KADLAC							Registration Number, if PAC		
Street Address 6422 HILLTOP AVE				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City REYNOLDSBURG		State O H	Zip Code 43068	M 0 5	D 0 6	Y 1 1	Amount 26.00		
Full Name of Contributor CLAUDIA J WEBB							Registration Number, if PAC		
Street Address 1681 JUPITER AVE				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City HILLIARD		State O H	Zip Code 43026	M 0 5	D 0 6	Y 1 1	Amount 100.00		
Full Name of Contributor DARLENE S HARRISON							Registration Number, if PAC		
Street Address 6737 SPRINGVIEW DR				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City WESTERVILLE		State O H	Zip Code 43082	M 0 5	D 0 6	Y 1 1	Amount 10.00		
Full Name of Contributor JEANNE M YUNGFLEISCH							Registration Number, if PAC		
Street Address 3502 WESTWAY DR				Employer/Occupation/Labor Organization COLUMBUS CITY SD				Form (Cash, Check, etc.) Check	
City COLUMBUS		State O H	Zip Code 43204	M 0 5	D 0 6	Y 1 1	Amount 40.00		
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 5	D 0 9	Y 1 1	Amount 2,425.56		

* 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)]