

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
TEACHERS FOR BETTER SCHOOLS									
Full Name of Contributor							Registration Number, if PAC		
VALARIE L CUMMINGS									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
878 TAMARA DR S				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
COLUMBUS		O H	43230	0 4	1 4	1 1	125.00		
Full Name of Contributor							Registration Number, if PAC		
WENDY M TYACK									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
381 LOVEMAN AVE				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
WORTHINGTON		O H	43085	0 4	1 4	1 1	50.00		
Full Name of Contributor							Registration Number, if PAC		
JULIE A MEYER									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2995 FAWN CROSSING DR				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
HILLIARD		O H	43026	0 4	1 4	1 1	26.00		
Full Name of Contributor							Registration Number, if PAC		
ELIZABETH A GASIOR									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
6799 BOWERMAN ST E				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
WORTHINGTON		O H	43085	0 4	1 4	1 1	50.00		
Full Name of Contributor							Registration Number, if PAC		
SHARON A PERKO									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
416 PATHFINDER DR				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
REYNOLDSBURG		O H	43068	0 4	1 4	1 1	20.00		
Full Name of Contributor							Registration Number, if PAC		
DAVID R PATRICK									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
2968 OAKLAWN ST				COLUMBUS CITY SD			Check		
City		State	Zip Code	M	D	Y	Amount		
COLUMBUS		O H	43224	0 4	1 4	1 1	26.00		
Full Name of Contributor							Registration Number, if PAC		
Barbara B Neihoff									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
186 W Weisheimer Rd				UNAVAILABLE			Check		
City		State	Zip Code	M	D	Y	Amount		
COLUMBUS		O H	43214	0 4	1 4	1 1	26.00		
Full Name of Contributor							Registration Number, if PAC		
Columbus Board of Education - Payroll Deduction									
Street Address				Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
270 E.State St							Payroll Deduction		
City		State	Zip Code	M	D	Y	Amount		
Columbus		O H	43215	0 4	2 5	1 1	2,434.56		

* 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)]

Page Total \$ 2,757.56