

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full TEACHERS FOR BETTER SCHOOLS									
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 6	D 0 8	Y 1 5	Amount 2,317.60		
Full Name of Contributor RHONDA R JOHNSON							Registration Number, if PAC		
Street Address 5588 QUEENS PARK DR				Employer/Occupation/Labor Organization RETIRED EDUCATOR				Form (Cash, Check, etc.) Check	
City DUBLIN		State O H	Zip Code 43016	M 0 6	D 0 8	Y 1 5	Amount 25.00		
Full Name of Contributor RHONDA R JOHNSON							Registration Number, if PAC		
Street Address 5588 QUEENS PARK DR				Employer/Occupation/Labor Organization RETIRED EDUCATOR				Form (Cash, Check, etc.) Check	
City DUBLIN		State O H	Zip Code 43016	M 0 6	D 1 1	Y 1 5	Amount 25.00		
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 6	D 2 2	Y 1 5	Amount 2,315.50		
Full Name of Contributor RHONDA R JOHNSON							Registration Number, if PAC		
Street Address 5588 QUEENS PARK DR				Employer/Occupation/Labor Organization RETIRED EDUCATOR				Form (Cash, Check, etc.) Check	
City DUBLIN		State O H	Zip Code 43016	M 0 6	D 2 5	Y 1 5	Amount 25.00		
Full Name of Contributor CHRISTINA L MASER							Registration Number, if PAC		
Street Address 4199 COLISTER DR				Employer/Occupation/Labor Organization RETIRED EDUCATOR				Form (Cash, Check, etc.) Check	
City DUBLIN		State O H	Zip Code 43016	M 0 6	D 2 5	Y 1 5	Amount 20.00		
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 7	D 0 6	Y 1 5	Amount 2,254.00		
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 7	D 2 0	Y 1 5	Amount 2,275.00		

* 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 \$ 9,257.10