

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
MICHAEL D LAWSON							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
5365 W SHEFFIELD CIR		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
ZANESVILLE		O H	43701	0 4	1 4	1 1	100.00
Full Name of Contributor							Registration Number, if PAC
AMY E WEYAND							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
528 E BEECHWOLD BLVD		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
COLUMBUS		O H	43214	0 4	1 4	1 1	50.00
Full Name of Contributor							Registration Number, if PAC
PATRICIA J BLAKE							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
3181 E HUDSON ST		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
COLUMBUS		O H	43219	0 4	1 4	1 1	200.00
Full Name of Contributor							Registration Number, if PAC
PASCALE C SCOYEZ							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
3975 PATRICIA DR		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
COLUMBUS		O H	43220	0 4	1 4	1 1	20.00
Full Name of Contributor							Registration Number, if PAC
SHARON L ANDERSON							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2960 BLUE TOP DR		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
COLUMBUS		O H	43232	0 4	1 4	1 1	50.00
Full Name of Contributor							Registration Number, if PAC
KRISTA A JACOBS							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2585 GARDENIA DR		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
COLUMBUS		O H	43235	0 4	1 4	1 1	50.00
Full Name of Contributor							Registration Number, if PAC
MICHAEL A NOONAN							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
984 THORNAPPLE GRV		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
GALLOWAY		O H	43119	0 4	1 4	1 1	30.00
Full Name of Contributor							Registration Number, if PAC
AMY L GLOWARK							
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
4622 COLLINGVILLE WAY		COLUMBUS CITY SD				Check	
City		State	Zip Code	M	D	Y	Amount
GAHANNA		O H	43230	0 4	1 4	1 1	30.00

* 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 employers 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)(3)]