

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor Chris Niehoff					Registration Number, if PAC		
Street Address 237 East Weisheimer		Employer/Occupation/Labor Organization* IT Consultant			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 10	D 25	Y 07	Amount 250.00	
Full Name of Contributor Penny Winkle					Registration Number, if PAC		
Street Address 256 Montrose Way		Employer/Occupation/Labor Organization* Social worker			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 10	D 25	Y 07	Amount 50.00	
Full Name of Contributor Peter Bressoud					Registration Number, if PAC		
Street Address 3641 Olentangy Blvd		Employer/Occupation/Labor Organization* Insurance underwriter			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 10	D 25	Y 07	Amount 25.00	
Full Name of Contributor Jeffrey Sherman					Registration Number, if PAC		
Street Address 375 East Weisheimer		Employer/Occupation/Labor Organization* Self-employed			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 11	D 02	Y 07	Amount 25.00	
Full Name of Contributor Mary Ogi					Registration Number, if PAC		
Street Address 1178 Matthias Drive		Employer/Occupation/Labor Organization* Retired Teacher			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43224	M 10	D 29	Y 07	Amount 50.00	
Full Name of Contributor William Lamkin					Registration Number, if PAC		
Street Address 500 S Front Street, Suite 200		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 26	Y 07	Amount 300.00	
Full Name of Contributor Robert J Weiler					Registration Number, if PAC		
Street Address 41 S High Street, Suite 1010		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 26	Y 07	Amount 500.00	
Full Name of Contributor Dan Connor					Registration Number, if PAC		
Street Address 366 Allview Rd		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Westerville	State OH	Zip Code 43081	M 11	D 06	Y 07	Amount 100.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,300.00