

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Groce for Columbus Schools</b>							
Full Name of Contributor <b>Theresa Gehr</b>					Registration Number, if PAC		
Street Address <b>322 Torrence Road</b>		Employer/Occupation/Labor Organization* <b>VP, Columbus State</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>10</b>	D <b>16</b>	Y <b>07</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Allison Cesaro</b>					Registration Number, if PAC		
Street Address <b>1533 Rayne Lane</b>		Employer/Occupation/Labor Organization* <b>National City Bank</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>10</b>	D <b>12</b>	Y <b>07</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Francis Bertone</b>					Registration Number, if PAC		
Street Address <b>492 Bantry Street</b>		Employer/Occupation/Labor Organization* <b>Product Director - Nationwide</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>10</b>	D <b>08</b>	Y <b>07</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Carol Akers</b>					Registration Number, if PAC		
Street Address <b>1396 Weybridge Road</b>		Employer/Occupation/Labor Organization* <b>Arlington Children's Center</b>			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>10</b>	D <b>12</b>	Y <b>07</b>	Amount <b>150.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 \$ **320.00**