

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor George J Learmonth					Registration Number, if PAC		
Street Address 5350 Godown Road		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 08	D 06	Y 07	Amount 100.00	
Full Name of Contributor Chauncey A Cochran					Registration Number, if PAC		
Street Address 14 East Gay, Suite 400		Employer/Occupation/Labor Organization* The Cochran Group			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 08	D 08	Y 07	Amount 100.00	
Full Name of Contributor Kelly Babbitt					Registration Number, if PAC		
Street Address 4251 Lawnview Drive		Employer/Occupation/Labor Organization* Mars, Inc. / Effectiveness Analyst			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 08	D 08	Y 07	Amount 100.00	
Full Name of Contributor Karen Crauder Snyder					Registration Number, if PAC		
Street Address 64 Overbrook Drive		Employer/Occupation/Labor Organization* The Strategy Team / Researcher			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 08	D 08	Y 07	Amount 50.00	
Full Name of Contributor Mark A. Scialabba					Registration Number, if PAC		
Street Address 2160-H Hedgerow Road		Employer/Occupation/Labor Organization* Product Director			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 08	D 08	Y 07	Amount 300.00	
Full Name of Contributor Cathy Kurila					Registration Number, if PAC		
Street Address 49 Tibet Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202	M 08	D 09	Y 07	Amount 50.00	
Full Name of Contributor Patricia DiSabato					Registration Number, if PAC		
Street Address 3451 Fairway Commons Drive		Employer/Occupation/Labor Organization* Homemaker			Form (Cash, Check, etc.) Check		
City Hilliard	State OH	Zip Code 43026	M 08	D 09	Y 07	Amount 150.00	
Full Name of Contributor Hugh Garside					Registration Number, if PAC		
Street Address 3069 Southwest Blvd, Apt B		Employer/Occupation/Labor Organization* Treasurer			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 08	D 23	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 \$ 950.00