## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Groce for Columbus Schools							
Pamela Bartosic				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					F 40 1 01 1	
i e	1 ' ' ' '					Form (Cash, Check, etc.)	
4529 Olentangy Blvd	Dry cleaning			1 5	1 17	Check	
City Columbus	State OH	Zip Code 43214	м 09	11	07i	Amount 100.00	
Full Name of Contributor	<u>,                                    </u>	Registration Number, if PA					
Chris Niehoff							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
237 East Weisheimer Road	IT Consultant					Check	
City		State Zip Code M D			ΤΥ	Amount	
Columbus	OHI	43214	09	30	07	250.00	
Full Name of Contributor				Registration Number, if PAC			
John Starkie							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
421 Glen Echo Circle	Advocate Child Healthcare					Check	
City	State	Zip Code	Тм	ΤD	ΙΥ	Amount	
Columbus	OH	43202	10	01	07	35.00	
Full Name of Contributor	10111	10202			nber, if PA		
Joseph Schmidt							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
1308 21st NW, Apt 102	Communications Director					Check	
City	State	Zip Code	Тм	T D	ΙΥ	Amount	
Washington	DCI	20036	10	01	07i	25.00	
Full Name of Contributor	1201	20000			nber, if PA		
Contributions from form 31-E							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		-					
City	State	Zip Code	М	D	Y	Amount	
	1 1		10	07i	07i	734.00	
Full Name of Contributor	<u> </u>	· · · · · · · · · · · · · · · · · · ·			nber, if PA	AC .	
<b> </b>							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1		1	1			
Full Name of Contributor	<del></del>		Regist	ration Nur	nber, if PA	AC .	
Street Address	Employer/Occur	pation/Labor Organization*			•	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	1 1			i	1		
Full Name of Contributor Registration Number, if PA					AC .		
						<u> </u>	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
						1	

Page Total \$ 1,144.00

<sup>\*</sup> 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)]