

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor David Niehoff					Registration Number, if PAC		
Street Address 20 Fern Ridge Ct		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Flat Rock	State NC	Zip Code 28731	M 08	D 23	Y 07	Amount 1,000.00	
Full Name of Contributor Barbara Niehoff					Registration Number, if PAC		
Street Address 186 West Weisheimer Road		Employer/Occupation/Labor Organization* Retired / PT Warehouse			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 08	D 23	Y 07	Amount 100.00	
Full Name of Contributor Orie Kristal					Registration Number, if PAC		
Street Address 352 Crestview Road		Employer/Occupation/Labor Organization* Researcher, The Strategy Team			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202	M 08	D 29	Y 07	Amount 40.00	
Full Name of Contributor Louise Bistrick					Registration Number, if PAC		
Street Address 223 Stygler Road		Employer/Occupation/Labor Organization* Legal Secretary			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 08	D 29	Y 07	Amount 100.00	
Full Name of Contributor Amy Kargiotis					Registration Number, if PAC		
Street Address 4782 Wynwood Road		Employer/Occupation/Labor Organization* Director, Child Care Center			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 08	D 29	Y 07	Amount 40.00	
Full Name of Contributor Dr. Barth Toothman					Registration Number, if PAC		
Street Address 1920 Bethel Road		Employer/Occupation/Labor Organization* Dentist			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 08	D 29	Y 07	Amount 100.00	
Full Name of Contributor Missy Martinez					Registration Number, if PAC		
Street Address 5030 Jamestown Road		Employer/Occupation/Labor Organization* Realtor			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 09	D 02	Y 07	Amount 50.00	
Full Name of Contributor Deric Scott					Registration Number, if PAC		
Street Address 7001 Cloverdale Lane		Employer/Occupation/Labor Organization* Firefighter - City of Columbus			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 09	D 08	Y 07	Amount 200.00	

* 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 \$ 1,630.00