

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor Barbara Niehoff					Registration Number, if PAC		
Street Address 186 West Weisheimer Road		Employer/Occupation/Labor Organization* Retired Teacher			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 10	D 20	Y 07	Amount 50.00	
Full Name of Contributor James Becker					Registration Number, if PAC		
Street Address 4380 Braunton Road		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 10	D 20	Y 07	Amount 50.00	
Full Name of Contributor Theresa Fassbender					Registration Number, if PAC		
Street Address 704 Neil Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 24	Y 07	Amount 40.00	
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 10	D 24	Y 07	Amount 25.00	
Full Name of Contributor Cheryl Thompson					Registration Number, if PAC		
Street Address 12975 Arabian Court		Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 10	D 24	Y 07	Amount 50.00	
Full Name of Contributor Wen-Li Feng					Registration Number, if PAC		
Street Address 785 Stinson Drive		Employer/Occupation/Labor Organization* Grange Insurance			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 10	D 24	Y 07	Amount 100.00	
Full Name of Contributor Don Casto, III					Registration Number, if PAC		
Street Address 191 W Nationwide Blvd, Ste 200		Employer/Occupation/Labor Organization* Developer			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 24	Y 07	Amount 1,000.00	
Full Name of Contributor Nationwide Better Citizenship Fund					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza (1-32-06)		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 10	D 24	Y 07	Amount 2,000.00	

* 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 \$ 3,315.00