

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05


07 OCT 25 AM 9:14

Full Name of Committee Groce for Columbus Schools						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS			
Full Name of Candidate Stephanie A. Groce									
Street Address 4303 Stinson Drive West					Office Sought Board of Education		District Columbus		
City Columbus						State OH	Zip Code 43214		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X	Pre-General		Post-General	Annual Year
	July		August			September			Semiannual
	Monthly		Monthly			Monthly		Termination	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election	M 11	D 06	Y 07

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 8,000.00
2. Total monetary contributions (From Form No. 31-A)	\$ 4,844.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 12,844.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,851.44
6. Balance on hand (line 4 minus line 5)	\$ 7,992.56
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,165.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 5,000.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Steve Niehoff, Treasurer  10/25/07
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 10

Expenditure pages 2

Other pages 1

Total pages 13

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor Robert Barrow					Registration Number, if PAC		
Street Address 1187 Middleport Dr.			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235	M 07	D 28	Y 07	Amount 100.00
Full Name of Contributor Jennifer R. Fry					Registration Number, if PAC		
Street Address 8000 Anderson Park Lane			Employer/Occupation/Labor Organization* Teacher			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081	M 08	D 01	Y 07	Amount 25.00
Full Name of Contributor Karen Schwarzwaldner					Registration Number, if PAC		
Street Address 821 Fox Run Road #8			Employer/Occupation/Labor Organization* Executive			Form (Cash, Check, etc.) Check	
City Findlay		State OH	Zip Code 45840	M 08	D 01	Y 07	Amount 100.00
Full Name of Contributor Mitchell Casey					Registration Number, if PAC		
Street Address 1351 Neil Avenue			Employer/Occupation/Labor Organization* Estimator			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201	M 08	D 01	Y 07	Amount 150.00
Full Name of Contributor Lisa R. Hughes					Registration Number, if PAC		
Street Address 5140 Polar Drive			Employer/Occupation/Labor Organization* Executive - Nationwide Financial			Form (Cash, Check, etc.) Check	
City Lewis Center		State OH	Zip Code 43035	M 08	D 03	Y 07	Amount 200.00
Full Name of Contributor Kerry Sullivan-Herren					Registration Number, if PAC		
Street Address 1616 Trentwood Road			Employer/Occupation/Labor Organization* Director - Nationwide Financial			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 08	D 03	Y 07	Amount 100.00
Full Name of Contributor Ty Marsh					Registration Number, if PAC		
Street Address 57 Riverview Park Drive			Employer/Occupation/Labor Organization* Executive - Columbus Chamber Cmrc			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 08	D 03	Y 07	Amount 100.00
Full Name of Contributor Nancy G. Niehoff					Registration Number, if PAC		
Street Address 2020 23rd Ave			Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Greeley		State CO	Zip Code 80634	M 08	D 04	Y 07	Amount 25.00

* 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)]

Statement of Contributions Received

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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

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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

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Statement of Contributions Received

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Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor Pamela Bartosic						Registration Number, if PAC	
Street Address 4529 Olentangy Blvd			Employer/Occupation/Labor Organization* Dry cleaning			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 09	D 11	Y 07	Amount 100.00
Full Name of Contributor Chris Niehoff						Registration Number, if PAC	
Street Address 237 East Weisheimer Road			Employer/Occupation/Labor Organization* IT Consultant			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43214	M 09	D 30	Y 07	Amount 250.00
Full Name of Contributor John Starkie						Registration Number, if PAC	
Street Address 421 Glen Echo Circle			Employer/Occupation/Labor Organization* Advocate Child Healthcare			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43202	M 10	D 01	Y 07	Amount 35.00
Full Name of Contributor Joseph Schmidt						Registration Number, if PAC	
Street Address 1308 21st NW, Apt 102			Employer/Occupation/Labor Organization* Communications Director			Form (Cash, Check, etc.) Check	
City Washington		State DC	Zip Code 20036	M 10	D 01	Y 07	Amount 25.00
Full Name of Contributor Contributions from form 31-E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M 10	D 07	Y 07	Amount 734.00
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

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Statement of Contributions Received

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

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Groce for Columbus Schools						
To Whom Paid Steve Niehoff			M 08	D 18	Y 07	Amount 506.63
Address 4303 Stinson Drive West		Purpose Reimburse copies, envelopes, letterhead, logo design				
City Columbus	State OH	Zip Code 43214	Check Number 101			
To Whom Paid Borders Books and Music			M 08	D 18	Y 07	Amount 6.94
Address 4545 Kenny Road		Purpose Street map				
City Columbus	State OH	Zip Code 43220	Check Number Debit card			
To Whom Paid United States Postal Service			M 08	D 18	Y 07	Amount 4.60
Address 1822 Henderson Road		Purpose Postage				
City Columbus	State OH	Zip Code 43220	Check Number Debit card			
To Whom Paid Instant Sign Co / Robbie's Hobbies			M 09	D 07	Y 07	Amount 41.63
Address 4578 North High Street		Purpose Campaign literature				
City Columbus	State OH	Zip Code 43214	Check Number Debit card			
To Whom Paid Huntington National Bank			M 09	D 17	Y 07	Amount 19.35
Address PO Box 1558		Purpose Check fees				
City Columbus	State OH	Zip Code 43216	Check Number Deduction			
To Whom Paid The Printed Image			M 09	D 19	Y 07	Amount 755.03
Address 41 S Grant Avenue		Purpose Campaign literature				
City Columbus	State OH	Zip Code 43215	Check Number Debit card			
To Whom Paid Instant Sign Co / Robbie's Hobbies			M 09	D 28	Y 07	Amount 700.00
Address 4578 North High Street		Purpose Campaign signs - deposit				
City Columbus	State OH	Zip Code 43214	Check Number Debit card			
To Whom Paid Instant Sign Co / Robbie's Hobbies			M 10	D 09	Y 07	Amount 810.51
Address 4578 North High Street		Purpose Campaign signs - balance				
City Columbus	State OH	Zip Code 43214	Check Number Debit card			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Groce for Columbus Schools							
To Whom Paid United States Postal Service				M	D	Y	Amount
				10	13	07	76.00
Address 4364 North High Street		Purpose PO Box rental and 100 stamps					
City Columbus		State OH	Zip Code 43214	Check Number Debit card			
To Whom Paid The Printed Image				M	D	Y	Amount
				10	16	07	695.21
Address 41 South Grant Street		Purpose Campaign mailing					
City Columbus		State OH	Zip Code 43215	Check Number Debit card			
To Whom Paid The Printed Image				M	D	Y	Amount
				10	09	07	1,235.54
Address 41 South Grant Street		Purpose Campaign mailing					
City Columbus		State OH	Zip Code 43215	Check Number Debit card			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Groce for Columbus Schools							
Full Name of Contributor Don Dean				Registration Number, if PAC			
Street Address 4209 Rowanne Road	Employer/Occupation/Labor Organization* Ohio State University			M 10	D 07	Y 07	Amount 20.00
City Columbus	State OH	Zip Code 43214		Form(Cash,Check,etc) Cash			
Full Name of Contributor Katie Miller				Registration Number, if PAC			
Street Address 4253 Fairfax	Employer/Occupation/Labor Organization* Riverside Methodist			M 10	D 07	Y 07	Amount 20.00
City Columbus	State OH	Zip Code 43221		Form(Cash,Check,etc) Cash			
Full Name of Contributor Sylvie Ouelette				Registration Number, if PAC			
Street Address 1823 Laylon Drive	Employer/Occupation/Labor Organization* Project Leader - TSTNA			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43229		Form(Cash,Check,etc) Cash			
Full Name of Contributor Bill Groce				Registration Number, if PAC			
Street Address 5520 Little Falls Dr	Employer/Occupation/Labor Organization* Retired Principal			M 10	D 07	Y 07	Amount 100.00
City Dublin	State OH	Zip Code 43016		Form(Cash,Check,etc) Check			
Full Name of Contributor Deric Scott				Registration Number, if PAC			
Street Address 7001 Cloverdale Lane	Employer/Occupation/Labor Organization* Firefighter			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43235		Form(Cash,Check,etc) Check			
Full Name of Contributor Missy Martinez				Registration Number, if PAC			
Street Address 5030 Jamestown Road	Employer/Occupation/Labor Organization* Realtor			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43220		Form(Cash,Check,etc) Check			
Full Name of Contributor Rebecca Nelson				Registration Number, if PAC			
Street Address 315 East Weber Road	Employer/Occupation/Labor Organization* Ohio State University			M 10	D 07	Y 07	Amount 60.00
City Columbus	State OH	Zip Code 43202		Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

734.00

Total expenditures this event

- 0.00 -

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Groce for Columbus Schools							
Full Name of Contributor Mary Ferris				Registration Number, if PAC			
Street Address 6057 Coventry Hurst Lane	Employer/Occupation/Labor Organization* Childhood League Center			M 10	D 07	Y 07	Amount 20.00
City Hilliard	State OH	Zip Code 43026		Form(Cash,Check,etc) Cash			
Full Name of Contributor Jeff Acheson				Registration Number, if PAC			
Street Address 230 Meadowview Dr	Employer/Occupation/Labor Organization* Schneider Downs			M 10	D 07	Y 07	Amount 20.00
City Powell	State OH	Zip Code 43065		Form(Cash,Check,etc) Cash			
Full Name of Contributor Russell Goodwin				Registration Number, if PAC			
Street Address 103 East First Avenue	Employer/Occupation/Labor Organization* Sales, Butler Atts LLC			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43201		Form(Cash,Check,etc) Check			
Full Name of Contributor Nicki Kraft				Registration Number, if PAC			
Street Address 46 Webster Park Avenue	Employer/Occupation/Labor Organization* Journalist			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43214		Form(Cash,Check,etc) Check			
Full Name of Contributor Kerry Sullivan-Herren				Registration Number, if PAC			
Street Address 1616 Trentwood	Employer/Occupation/Labor Organization* Product Director			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43221		Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Younger				Registration Number, if PAC			
Street Address 215 East Whittier	Employer/Occupation/Labor Organization* Attorney			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Leanne Chandler				Registration Number, if PAC			
Street Address 165 S Roys Ave	Employer/Occupation/Labor Organization* Ohio State University			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43204		Form(Cash,Check,etc) Check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

734.00

Total expenditures this event

- 0.00 -

Page Total \$ 165.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Groce for Columbus Schools							
Full Name of Contributor Deonta Davis				Registration Number, if PAC			
Street Address 1164 1/2 South High Street	Employer/Occupation/Labor Organization* Worthington Cylinders		M 10	D 07	Y 07	Amount 24.00	
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash				
Full Name of Contributor Laurie Green-Lauber				Registration Number, if PAC			
Street Address 307 Tibet Road	Employer/Occupation/Labor Organization* Franklin Co MRDD		M 10	D 07	Y 07	Amount 25.00	
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Cash				
Full Name of Contributor Amy Sewell				Registration Number, if PAC			
Street Address 63 Northridge Road	Employer/Occupation/Labor Organization* National City Bank		M 10	D 07	Y 07	Amount 30.00	
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check				
Full Name of Contributor Barbara Scanlon				Registration Number, if PAC			
Street Address 299 Walhalla Road	Employer/Occupation/Labor Organization* Netcare		M 10	D 07	Y 07	Amount 25.00	
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check				
Full Name of Contributor Gisela Groce				Registration Number, if PAC			
Street Address 5574 Tacoma Lane	Employer/Occupation/Labor Organization* Homemaker		M 10	D 07	Y 07	Amount 25.00	
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check				
Full Name of Contributor Elizabeth Smith				Registration Number, if PAC			
Street Address 582 East Stanton Ave	Employer/Occupation/Labor Organization* Riverside Methodist		M 10	D 07	Y 07	Amount 25.00	
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check				
Full Name of Contributor Elizabeth Melville				Registration Number, if PAC			
Street Address 321 East Weber Road	Employer/Occupation/Labor Organization* Self-employed editor		M 10	D 07	Y 07	Amount 25.00	
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

734.00

Total expenditures this event

- 0.00 -

Page Total \$ 179.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Groce for Columbus Schools							
Full Name of Contributor Sarah Moore				Registration Number, if PAC			
Street Address 128 East North Broadway	Employer/Occupation/Labor Organization* Homemaker			M 10	D 07	Y 07	Amount 25.00
City Columbus	State OH	Zip Code 43214		Form(Cash,Check,etc) Check			
Full Name of Contributor Caroline Pogany				Registration Number, if PAC			
Street Address 7448 Lebanon Avenue				Employer/Occupation/Labor Organization* Special needs childcare			
City Reynoldsburg	State OH	Zip Code 43068		M 10	D 07	Y 07	Amount 25.00
Full Name of Contributor Isabelle Cadenal-Newkirk				Registration Number, if PAC			
Street Address 5055 New Haven Drive				Employer/Occupation/Labor Organization* CPS Teacher			
City Columbus	State OH	Zip Code 43220		M 10	D 07	Y 07	Amount 25.00
Full Name of Contributor Ann Warner				Registration Number, if PAC			
Street Address 1260 Bradshire Drive				Employer/Occupation/Labor Organization* Riverside Hospital			
City Columbus	State OH	Zip Code 43220		M 10	D 07	Y 07	Amount 40.00
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
City	State	Zip Code		M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
City	State	Zip Code		M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$734.00

Total expenditures this event

-\$0.00

Page Total \$ 115.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools			
Full Name of Contributor Tiffany Hanna		Employer, Occupation, Labor Organization * Teacher	Registration Number, if PAC
Street Address 241 E North Broadway		Description of Item or Service Food & drink	M D Y Fair Market Value 10 07 07 100.00
City Columbus		State Zip Code OH 43214	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Chris Niehoff		Employer, Occupation, Labor Organization * IT Consultant	Registration Number, if PAC
Street Address 237 E Weisheimer		Description of Item or Service Website development	M D Y Fair Market Value 08 22 07 900.00
City Columbus		State Zip Code OH 43214	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Cecilia McAdams		Employer, Occupation, Labor Organization * Researcher	Registration Number, if PAC
Street Address Unknown - best effort		Description of Item or Service One ream of paper	M D Y Fair Market Value 10 08 07 5.00
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Cathy Kurila		Employer, Occupation, Labor Organization * Attorney	Registration Number, if PAC
Street Address 49 Tibet Road		Description of Item or Service Food & drink	M D Y Fair Market Value 10 07 07 100.00
City Columbus		State Zip Code OH 43202	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Jesse Cyrus		Employer, Occupation, Labor Organization * Printer	Registration Number, if PAC
Street Address 1146 North 4th Street		Description of Item or Service Envelopes	M D Y Fair Market Value 07 21 07 60.00
City Columbus		State Zip Code OH 43201	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Groce for Columbus Schools									
To Whom Owed Steve Niehoff						Prior Amount 5,000.00		Amt. Incurred this Period 0.00	
Address 4303 Stinson Drive West						Item or Purpose for Debt Campaign		Outstanding Balance 5,000.00	
City Columbus				State DH	Zip Code 43214		Payments Made This Period Date Amount		
Date Debt was originally Incurred						M	D	Y	\$
						06	25	07	None
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period Date Amount		
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period Date Amount		
Date Debt was originally Incurred						M	D	Y	\$
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 5,000.00 (also record on cover page)