

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greg Scott For Mayor						
Full Name of Contributor Greg Scott				Registration Number, if PAC		
Street Address 1722 Obetz Ave		Employer/Occupation/Labor Organization* Self Employed Machinist			Form (Cash, Check, etc.) Cash	
City Obetz	State OH	Zip Code 43207	M 0	D 9	Y 1 0 1 5	Amount \$320.00
Full Name of Contributor Harold Stewart				Registration Number, if PAC		
Street Address Lockbourne Rd		Employer/Occupation/Labor Organization* CCT			Form (Cash, Check, etc.) Check	
City Lockbourne	State OH	Zip Code 43137	M 0	D 9	Y 1 6 1 5	Amount \$1,000.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,320.00**