Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 100 Company of P. H.							
Name of Committee in Full	1						
Re-Elect Hammond to School Board	1	 	·				
F	Registration				ber, if PA	.C	
Ronald W & Sharon A Eifert		 			-		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
7052 Landsowne St						Check	
City	State	Zip Code	М	D	Y	Amount	
Worthington	UF	1 43085	016	016	017	50.00	
Full Name of Contributor	<u> </u>				ber, if PA		
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Street Address	Employer/Occas	pation/Labor Organization®			-	Form (Cock Cheek etc.)	
out a marco	Lampio, a, com	panou Lator Organization				Form (Cash, Check, etc.)	
O		1			,		
City	State	Zip Code	M	Ð	Y	Amount	
Full Name of Contributor Registrati					tion Number, if PAC		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
Tamproy or overgrander carrier or gammation							
City	State	Zip Code	М	D	Y	Amount	
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7 W		<u> </u>					
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
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Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		•		l -ī			
Full Name of Contributor			Paristra	tian Ninni	E E DA		
Tan Name of Contributor			Registra	пои мит	ber, if PA	C	
Street Address	75	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
				li			
Full Name of Contributor	············		Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occur	pation/Labor Organization*			-	Form (Cash, Check, etc.)	
	Land 100 cm	PARTOE LEAVE VI GARRESTON				a orm (Casa, Cheek, cic.)	
Cin.	- Crass	7:- C-1-	1 14	T -			
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occu	pation/Labor Organization*		_		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor	i		Dinve	ia - Ni-	er, if PA	<u></u>	
ran Name of Contributor			Kegistra	DOU MINI	per, II PA	C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
						: 	
City	State	Zip Code	М	D	Y	Amount	
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<u> </u>	,		<u> </u>	'	_		

Page Total \$	50.00

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)}