_	2
Page	_ა_

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
	,						
Re-Elect Hammond to School Board	1	 = -	- In		1		
			Registra	tion Nun	iber, if PA	C	
Brett Sciotto for State Rep Street Address	JE110						
	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
3701 Boathouse Drive		· • · · · · · · · · · · · · · · · · · ·				Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026			0 7	50.00	
Il Name of Contributor Registration Number, if P.						С	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	ber, if PA						
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Succe Auditess	Employer				roin (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	ttor Registration Number, if P/						
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	ber, if PA	С					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
C. II. M	<u></u>	<u> </u>	D. sister	i l			
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Cuy	J.	Zip Code	i Ma		1 1	ZURZIII.	
Tall National Control of the Control	_,		Dogister	tion Nove	har if DA	<u> </u>	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zíp Code	М	D	Y	Amount	
	<u> </u>						
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	Ð	Y	Amount	
-		`	1	1 1	1		
				<u></u>		<u> </u>	

* 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 \$ 50.00