

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Re-Elect Hammond to School Board							
Full Name of Contributor Elverna E Wolpert					Registration Number, if PAC		
Street Address 4786 Davidson Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 2 5	Y 0 7	Amount 100.00	
Full Name of Contributor Tom & Kathy Lindsev					Registration Number, if PAC		
Street Address 4740 Strayer Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O h	Zip Code 43026	M 1 0	D 2 5	Y 0 7	Amount 100.00	
Full Name of Contributor David L Brennan					Registration Number, if PAC		
Street Address 850 Nelson's Walk		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Naples	State F L	Zip Code 34102	M 1 0	D 2 5	Y 0 7	Amount 500.00	
Full Name of Contributor Linda J Studer					Registration Number, if PAC		
Street Address 5363 Carjan Wav		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 2 7	Y 0 7	Amount 35.00	
Full Name of Contributor Victor & Marion Zambrotta					Registration Number, if PAC		
Street Address 4788 Brittonhurst Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 0	D 2 9	Y 0 7	Amount 50.00	
Full Name of Contributor Citizens For Stivers					Registration Number, if PAC		
Street Address 2500 Sherwin Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 1 1	D 0 1	Y 0 7	Amount 500.00	
Full Name of Contributor Kirk & Kathleen Herath					Registration Number, if PAC		
Street Address 3381 Anchorage Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1 1	D 0 5	Y 0 7	Amount 200.00	
Full Name of Contributor Frank R Petruziello, AIA					Registration Number, if PAC		
Street Address 4270 Morse Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 1 1	D 0 7	Y 0 7	Amount 100.00	

* 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 \$ 1,585.00