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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Scott Mounts for GJ School Board									
Full Name of Contributor				Registration Number, if PAC					
Scott Mounts			N/I	<u> </u>					
Street Address	1	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
195 Greenbank Rd.	August	August Mack Environmer				Check			
City	State	Zip Code	M	D	Y	Amount			
Gahanna	0 H	43230	0 9	2 1	0 9	250.00			
Full Name of Contributor					Registration Number, if PAC				
Lee Roy Bentley			N/a	Ą					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
410 Braemer Ct.	Hunting	Huntington National Banl				Check			
City	State	Zip Code	М	D	Y	Amount			
Gahanna	0 H	43230	1 0	0 2	dia reversi a contra contra contra	200.00			
Full Name of Contributor			ber, if PA	С					
Joseph Rios						N/A			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
2133 N. Mockingbird Lane	Retired	Retired				Check			
City	State	Zip Code	М	D	Y	Amount			
Abilene	TX	79603	1 0	0 5	0 9				
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor			Registrat	ion Num	ber, if PA	i.C			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
				·					
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor			Registra	tion Num	iber, if PA	AC .			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
	Contraction of the Contraction o	(2) C-1-	I M	D	Y	Amount			
City	State	Zip Code	IVI			Anoth			
Full Name of Contributor Registration Number, if P						AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*							
City	State	Zip Code	М	D	Y	Amount			
			Parista	tion Nor	nber, if P				
Full Name of Contributor				uon nun	noci, ii P	Form (Cash, Check, etc.)			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*							
City	State	Zip Code	М	D	Y	Amount			
in 1 Comment in the second individuals over \$100 to statewish		111/1/17/	16 1 2 41	d	n and the	nome of the			

Page Total \$ 475.00

^{*} 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)]