31-A
R.C. 3517.10

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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					Registration Number, if PAC	
David W Patch Jr						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
6940 Rings Road						Check
City	State	Zip Code	M	D	Y	Amount
Amlin	O | H	43002	0|8	2|9	0|7	150.00
Full Name of Contributor					Registration Number, if PAC	
Susan M Spicer						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4345 River Landing Ct						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|8	1|7	0|7	50.00
Full Name of Contributor					Registration Number, if PAC	
Elverna E Wolpert						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4786 Davidson Road						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|9	0|6	0|7	100.00
Full Name of Contributor					Registration Number, if PAC	
Kirt M & Kathleen R Herath						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3381 Anchorage Lane						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|9	0|9	0|7	100.00
Full Name of Contributor					Registration Number, if PAC	
W.E. & S.C. Arnold						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4501 Astral Drive						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|9	1|0	0|7	25.00
Full Name of Contributor					Registration Number, if PAC	
Angelo R and Inge B Salvi						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4465 Emmas Court						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|9	1|0	0|7	35.00
Full Name of Contributor					Registration Number, if PAC	
David M Graham						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3946 Riverview Drive						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O | H	43221-4912	0|9	1|2	0|7	50.00
Full Name of Contributor					Registration Number, if PAC	
Charles A Schneider						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4492 Shire Mill Rd						Check
City	State	Zip Code	M	D	Y	Amount
Hilliard	O | H	43026	0|9	1|3	0|7	75.00

* 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 $ 585.00