

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lambert for Hilliard Board of Education							
Full Name of Contributor Paul H. Lambert					Registration Number, if PAC		
Street Address 7275 Roberts Rd		Employer/Occupation/Labor Organization* Rivet Digital LLC/Chief Technology Office			Form (Cash, Check, etc.) Credit Card		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 2 1	Y 0 7	Amount 787.39	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ **787.39**