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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				Registra	stion Nun	iber, if PA	vC
Lance & Renata Thompson							
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
108 W Royal Forest Blvd							Check
City	Sta	ate	Zip Code	М	D	Y	Amount
Columbus	0	Н	43214	111	017	017	250.00
Full Name of Contributor	•			Registra	tion Num	ber, if PA	.C
Kenneth B Gold				1			
Street Address	Employe	г/Оссира	ation/Labor Organization*	-			Form (Cash, Check, etc.)
2464 Bexlev Park Rd							Check ·
City	Sta	ate	Zip Code	М	D	Y	Amount
Columbus	101	Н	43209	111	017	017	100.00
Full Name of Contributor	<u> </u>				_	ber, if PA	<u> </u>
Citizens For Larry Wolpert				1		,	
Street Address	Employer	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
100 South Third Street		•					Check
City	Stz	ite:	Zip Code	М	D	Y	Amount
Columbus	loï	H	43215			017	250.00
Full Name of Contributor	ΙΟi		45215			ber, if PA	
The state of Controlled				Registra	uon num	рег, и гл	i.C
Street Address	Employee	-Marine	ation/Labor Organization*				F. (C. I. C. I)
SECON MULICIS	Embroke	//Occupa	HON LADOR Organization				Form (Cash, Check, etc.)
City			la: a i		<del></del>		
Спу	Sta	ite	Zip Code	M	D	Y	Amount
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Full Name of Contributor				Registra	tion Num	ber, if PA	.c
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
							L
City	Sta	de	Zip Code	М	Ď	Y	Amount
	]						
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Street Address	eet Address Employer/Occupation/Labor Organization* Form (Cash, Chec				Form (Cash, Check, etc.)		
	1						
City	Sta	te	Zip Code	М	D	Y	Amount
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Full Name of Contributor	<u> </u>			Registra	tion Num	ber, if PA	C
Street Address	Employer	/Occurs	tion/Labor Organization*				Form (Cash, Check, etc.)
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City	Sta	te	Zip Code	Ιм	D	Y	Amount
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Full Name of Contributor	<u> </u>		<u> </u>	Pariet	tion No.	bar is DA	C
Full Name of Contributor Registration Number, if PAC							
treet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Francisco Control			
onest virtices	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
0.			la: a i	T			
City	Sta	te	Zip Code	M .	D	Y	Amount
			<u> </u>	<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 \$	600.00