Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee to Elect Al Hammond | <u> </u> | | | ··· | - |
|---|-----------------------------|---|------------------------------|--------------|--------------------------------|
| Full Name of Contributor Claudia Winner | | | Registration Nu | mber, if PA | c |
| Street Address 145 Sandstone Loop W | Employer/Occu | Employer/Occupation/Labor Organization* | | | |
| City Westerville | State OH | Zip Code 43081 | 1 0 0 1 | 1 1 | Amount \$50.00 |
| Full Name of Contributor Greg Mitchell | | | Registration Nu | umber, if PA | AC |
| Street Address 3980 Judson Ct | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43207 | 0 9 2 9 | 1 1 | Amount \$100.00 |
| Full Name of Contributor WEA | | Registration Number, if PAC | | | |
| Street Address 519 S Otterbein Ave | Employer/Occu | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) Check |
| City Westerville | State OH | Zip Code 43081 | 1 0 0 4 | | Amount \$4,000.00 |
| Full Name of Contributor | | | Registration No | umber, if PA | NC |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | M D | Y | Amount |
| Full Name of Contributor | , <u></u> | | Registration Nu | umber, if P | AC |
| Street Address | Employer/Occi | upation/Labor Organization | r Organization Form (Cash, C | | |
| City | State OH | Zip Code | M D | Y | Amount |
| Full Name of Contributor | Registration Number, if PAC | | | | |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D | Y | Amount |
| Full Name of Contributor | | | Registration N | umber, if P | AC |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D | Y | Amount |
| Full Name of Contributor Registration Number, if | | | | | AC |
| Street Address | Employer/Occ | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D | Y | Amount |

Page Total \$4,150.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]