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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

57 - Ca - C								
Name of Committee in Full Greg Scott For Myor								
Full Name of Contributor			Registra	tion Nur	nber, if PA	AC .		
David Baas								
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Check, etc.)		
763 Groveport Rd		Self Employed				Check		
City	State	Zíp Code	M	D	ΙΥ	Amount		
Canal Winchester	OH	43110	1 0	2 7	1 5	\$150.00		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Nur	nber, if PA	AC		
Chad Delligatti								
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>		,	Form (Cash, Check, etc.)		
8108 Harriott Rd		Lamping on Occupation Lawn Organization						
City	State	Zip Code	М	T D	ΙΥ	Amount		
Dublin	OH	43017	1 0	2 7	1 5	\$250.00		
Full Name of Contributor	, , ,		Registre	tion Nur	nber, if P/	VC		
Sam Horner			Registre	idon ivai	ubci, ii i r			
Street Address	Employer/Occus	pation/Labor Organization				Form (Cash, Check, etc.)		
106 Buttles Ave	Limpioyeroccu	padou Labor Organizaton				Check		
City	State	Zip Code	M	Ты	l vi	Amount		
Columbus	OH	43215	1 0	2 7	1 5	\$200.00		
Full Name of Contributor	<u> </u>		Registra	tion Nur	nber, if P/	\C		
, ,								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
		*						
City	State	Zip Code	M	D	ΙΥ	Amount		
·	l он							
Full Name of Contributor			Registra	tion Nur	nber, if P/	\C		
Street Address	Jr. 1	pation/Labor Organization*				Form (Cash, Check, etc.)		
	imployer/Occu	pation/Caoor Organization				(3)		
City	State	Zip Code	M	Ιn	T W	Amount		
City	OH	Zap code	"	"	1	Tanoun .		
Full Name of Contributor			Ú amates	dram Nicor	nhar (£D)			
run wane of Condibutor			KeRisti	щон ичи	nber, if P/	ic.		
S	T					Form (Cash, Check, etc.)		
treet Address Employer/Occupation/Labor Organization						roim (Cash, Check, etc.)		
o:		Ta: o i	1	1 2	1 17			
City	State	Zip Code	M	D	Y	Amount		
	ОН			<u> </u>				
Full Name of Contributor			Registra	ition Nur	nber, if PA	AC		
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
	OH							
Full Name of Contributor			Registra	stion Nur	nber, if PA	AC		
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
						1		
City	State	Zip Code	M	D	Y	Amount		
	OH							

Page Total \$600.00

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)]