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					
Committee for Dave Lundregan					
Full Name of Contributor				**Registration Number, if PAC**	
Crystal Allen					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3725 Saturn Road					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 01 07		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Pam Geis					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
7797 Havden Run Rd.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 01 07		10.00
Full Name of Contributor				**Registration Number, if PAC**	
Vicky Clark					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4498 Ashview Street					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 04 07		25.00
Full Name of Contributor				**Registration Number, if PAC**	
James Huddleston					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5698 Tynecastle Loop					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Dublin	OH	43016	10 04 07		100.00
Full Name of Contributor				**Registration Number, if PAC**	
Kip Lanka					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
8596 Carter Road					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 04 07		25.00
Full Name of Contributor				**Registration Number, if PAC**	
Mike Bosse					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
6368 Sumner Loop					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Dublin	OH	43016	10 08 07		25.00
Full Name of Contributor				**Registration Number, if PAC**	
Pam Bishop					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
3242 Colleen Court					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Columbus	OH	43221	10 08 07		50.00
Full Name of Contributor				**Registration Number, if PAC**	
Dennis Williamson					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
5720 Beechwood Court					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Hilliard	OH	43026	10 08 07		100.00

* 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 $ 385.00