31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full													
Lampke for Council													
Full Name of Contributor										Registration Number, if PAC			
Pat and Tom James													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
865 Francis Ave												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	1	5	0	9			15.00	
Full Name of Contributor										Registration Number, if PAC			
Gary and Kathy Conrad													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2898 Maryland												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	1	2	0	9			10.00	
Full Name of Contributor										Registration Number, if PAC			
Richard Hoffman													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
528 Northview												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	0	5	0	9			25.00	
Full Name of Contributor										Registration Number, if PAC			
Ed and Phyllis Radugge													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2461 Plymouth												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	0	5	0	9			100.00	
Full Name of Contributor										Registration Number, if PAC			
Sandra and Dan Grieshop													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
233 Remington												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	1	2	0	9			40.00	
Full Name of Contributor										Registration Number, if PAC			
Kent and Kay Holley													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
115 Remington												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	0	9	0	9			20.00	
Full Name of Contributor										Registration Number, if PAC			
Diane Gosser													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
2731 Sherwood												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	0	5	0	9			150.00	
Full Name of Contributor										Registration Number, if PAC			
Larry Heiser													
Street Address	Employer/Occupation/Labor Organization*											Form (Cash, Check, etc.)	
936 Vernon												check	
City	State		Zip Code	M		D		Y				Amount	
Bexley	o	h	43209	1	0	0	9	0	9			25.00	

* 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