Page	2	
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

N. C.C. Y. II	CONTRACTOR	on and constitution on section of				*********			
Name of Committee in Full  Citizens for Cheri Lahmann									
Citizens for Cheri Lehmann	***			Daviet	ration N	Jum	ber, if P	\C	
M. Joseph Sestak				Regist	(auon r	AUTITI	UCI, II F P	ic.	
Street Address	Employ	er/Occup	ation/Labor Organization*	1			***************************************	Form (Cash, Ch	eck_etc.\
4853 Meadway Drive	Lampioy	ci, occup	ation/Labor Organization					Check	cox, cic.)
City	-	tate	Zip Code	М	D		Y	Amount	
New Albany		H	43054	1 .	1	a	0 9	i incont	35.00
Full Name of Contributor			10001	THE RESERVE OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN		ber, if P	A.C	00.00
Bridget Henze							,		
Street Address	Employ	er/Occup	ation/Labor Organization*			-		Form (Cash, Ch	eck, etc.)
6430 Herb Garden Court			_					Check	
City	S	tate	Zip Code	M	D		Y	Amount	***************************************
New Albany		H	43054	110	2	0	0 9		25.00
Full Name of Contributor		-					ber, if P		
Scott E. Bagenstose									
Street Address	Employ	er/Occup	ation/Labor Organization*	- The second second second				Form (Cash, Ch	eck, etc.)
3758 Pembrooke Green E								Check	
City	S	tate	Zip Code	M	D		Y	Amount	
New Albany	0	H	43054	1 (	) 2	1	0 9		100.00
Full Name of Contributor				Regist	ration 1	Vuin	ber, if P/	AC	
Aaron L. Underhill				L	*******************************				
Street Address	Employ	er/Occup	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
6319 Lake Mathais Drive								Check	
City	l _	tate	Zip Code	М	D		Y	Amount	w 0 0 0
New Albany	0	H	43054		) 2		0 9		50.00
Full Name of Contributor				Regist	ration l	Num	ber, if Pa	AC	
Troy McGowan	bo v			<u> </u>		***************************************		10 (O ) (O	
Street Address	Employ	er/Occup	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
5791 Zarley Street City		tate	Zip Code	Тм	D		Y	Check Amount	
New Albany		H	43054		$2 \begin{vmatrix} 1 \\ 2 \end{vmatrix}$	2	l .	Amoun	100.00
Full Name of Contributor		11	45054				0 9	<u> </u>	100.00
Full Name of Contributor  Griffin Communications  Registration Number, if PAC									
Street Address	Employ	er/Occup	ation/Labor Organization*				Carrie Manhaire Control	Form (Cash, Ch	eck etc.)
1965 Lake Shore Drive	J. Mario	en occup	action (1200) Organization					Check	ook, oto.)
City	$\frac{1}{s}$	tate	Zip Code	М	D		Y	Amount	
Columbus		Н	43204		10	1	0 9	1	225.00
Full Name of Contributor			10201			Vum	ber, if P		A. A. O . O O
Kessler Lennoz Realty, Inc.									
Street Address	Employ	er/Occup	ation/Labor Organization*	- Income and the contract of t	indistrict and		to at the face fattines of t	Form (Cash, Ch	eck, etc.)
220 Market Street								Check	
City	S	tate	Zip Code	M	D		Y	Amount	
New Albany	0	H	43054	1   (	) 2	1	0 9		100.00
Full Name of Contributor				Regist	ration l	Vun	ber, if P	AC	
Street Address	Employ	er/Occup	ation/Labor Organization*					Form (Cash, Ch	eck, etc.)
City	S	tate	Zip Code	М	D		Y	Amount	

Page Total \$	635.00

<sup>\*</sup> 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)]