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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 PA	۲
Larry and Molly Ruben			mogistration realiset, it I H	Ç .
Street Address	Employer/Occuma	ation/Labor Organization*		Form (Cash, Check, etc.)
140 Columbia		and a second of garing story		
City	State	Zip Code	M D Y	check Amount
Bexley	O h	43209		
Full Name of Contributor		1 43207	1 0 0 5 0 Registration Number, if PA	
Jan and Linda Zupnick			negistration Number, it PA	L
Street Address	Frankouse Access	ation/Labor Organization*		
77 S Cassady	EmployetToccape	MOULT GOOD OLD GUIS GUOIL		Form (Cash, Check, etc.)
City	State	Zip Code		check
Bexley		-	M D Y	Amount
Foll Name of Contributor		43209	1 0 1 5 0	
			Registration Number, if PA	Ľ
Preston and Jill Elliott Street Address	Tr 1 (0			
	Embioher, nccaba	tion/Labor Organization*		Form (Cash, Check, etc.)
2755 Bexley Park			,	check
City	State	Zip Code	M D Y	Amount
Bexley	lo h	43209	10080	
Full Name of Contributor			Registration Number, if PAI	
Jed and Joyce Morison				
Street Address	Employer/Occupa	tion/Labor Organization×		Form (Cash, Check, etc.)
2572 Brentwood Road				check
City	State	Zip Code	M D Y	Amount
Bexley	o h	43209	1 0 0 5 0 9	50.00
Full Name of Contributor Registration Number, if PAC				
Art and Gail Rose				
Street Address	Employer/Occupa	tion/Labor Organization×		Form (Cash, Check, etc.)
305 S. Cassady				check
City	State	Zip Code	M D Y	Amount
Bexley	o h	43209	1 0 1 2 0 9	15.00
Full Name of Contributor			Registration Number, if PAC	
Al Stas				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
155 Cassingham				check
City	State	Zip Code	M D Y	Amount
Bexley	o h	43209	101509	20.00
Full Name of Contributor			Registration Number, if PAC	
Dee Dee and Herb Glimcher				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
10 Drexel				check
City	State	Zip Code	M D Y	Amount
Bexley	$0 \mid h$	43209	101209	
Full Name of Contributor			Registration Number, if PAC	
Stan Yenkin			,	
Street Address	Employer/Occimate	ion/Labor Organization×		Form (Cash, Check, etc.)
2751 Fair Ave				check
City	State	Zip Code	M D Y	Amount
Bexley	o h	43209	0 7 1 8 0 9	i i
	1 0	1 1040	- 10:/11:010:5	r

* 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\$	560.00