

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Lampke for Council									
Full Name of Contributor Larry and Molly Ruben						Registration Number, if PAC			
Street Address 140 Columbia			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 0	Amount 250.00	
Full Name of Contributor Jan and Linda Zupnick						Registration Number, if PAC			
Street Address 77 S Cassady			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 1	Amount 50.00	
Full Name of Contributor Preston and Jill Elliott						Registration Number, if PAC			
Street Address 2755 Bexley Park			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Jed and Joyce Morison						Registration Number, if PAC			
Street Address 2572 Brentwood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Art and Gail Rose						Registration Number, if PAC			
Street Address 305 S. Cassady			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 1	Amount 15.00	
Full Name of Contributor Al Stas						Registration Number, if PAC			
Street Address 155 Cassingham			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 1	Amount 20.00	
Full Name of Contributor Dee Dee and Herb Glimcher						Registration Number, if PAC			
Street Address 10 Drexel			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Stan Yenkin						Registration Number, if PAC			
Street Address 2751 Fair Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State o h	Zip Code 43209		M 0	D 7	Y 1	Amount 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 \$ 560.00