## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	100000000000000000000000000000000000000			
Lampke for Council				
Full Name of Contributor			Registration Number, if F	'AC
Sarah and Dan Binder				
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)
817 Remington				check
City	State	Zip Code	M D Y	
Bexley	o h	43209	10030	
Full Name of Contributor			Registration Number, if I	PAC
Christi Rowekamp				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
5870 Triplett Square			check	
City	State	Zip Code	M D Y	
New Albany	o h	43054		9 1,500.00
Full Name of Contributor			Registration Number, if I	PAC
Andrew Smith				
Street Address	Employer/Occupation/Labor Organization×		Form (Cash, Check, etc.)	
39 Parkview				check
City	State	Zip Code	M D Y	
Bexley	o h	43209	0 7 1 8 0	
Full Name of Contributor			Registration Number, if .	PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D 7	Amount
·				
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
	1	17: 6 1	134   17   1	7 Omerat
City	State	Zip Code	M D 7	Y Amount
			Registration Number, if	PAC
Full Name of Contributor			Tredizir quan manasi, ir	
Street Address	Employer/Occu	pation/Labor Organization*	Obbiosition PP Ages and Million Control of C	Form (Cash, Check, etc.)
City	State State	Zip Code	M D 7	Y Amount
ORY		1	12.000	
Full Name of Contributor	Registration Numbe			PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	MDD	Y Amount
Full Name of Contributor	and the second s		Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization×		<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y Amount

Page Total \$ 3,200.00

<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)]