

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |                       |   |                   |                   |  |                         |  |
|--|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full<br><b>Citizens for Cheri Lehmann</b>   |                       |   |                   |                   |  |                         |  |
| Full Name of Contributor<br><b>Paul S. Kosling</b>               |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>7445 Centrel College Road</b>               |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>0   9</b> | D<br><b>2   1</b> | Y<br><b>0   9</b>                        | Amount<br><b>25.00</b>  |  |
| Full Name of Contributor<br><b>Amy E. Kellogg</b>                |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>4270 Lake Harbour Way</b>                   |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Avon</b>  | State<br><b>O   H</b> | Zip Code<br><b>44011</b>                | M<br><b>0   9</b> | D<br><b>2   1</b> | Y<br><b>0   9</b>                        | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Francis L. Strahler</b>           |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>4186 James River Road</b>                   |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>0   9</b> | D<br><b>2   4</b> | Y<br><b>0   9</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Cynthia Snyder</b>                |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>3756 Pembroke Green E</b>                   |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>0   9</b> | D<br><b>2   9</b> | Y<br><b>0   9</b>                        | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Brent B. Bradbury</b>             |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>5198 Hanover Close</b>                      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>1   0</b> | D<br><b>0   1</b> | Y<br><b>0   9</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Yarger Wealth Strategies, LLC</b> |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>140 Dorchester South, Suite B</b>           |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>Westerville</b>                                       | State<br><b>O   H</b> | Zip Code<br><b>43081</b>                | M<br><b>1   0</b> | D<br><b>0   1</b> | Y<br><b>0   9</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Lisa A. Purvis-Hinson</b>         |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>7518 Ogden Woods</b>                        |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>1   0</b> | D<br><b>0   7</b> | Y<br><b>0   9</b>                        | Amount<br><b>100.00</b> |  |
| Full Name of Contributor<br><b>Jeff Blunt</b>                    |                       |   |                   |                   | Registration Number, if PAC              |                         |  |
| Street Address<br><b>7454 Tottenham Place</b>                    |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b> |                         |  |
| City<br><b>New Albany</b>  | State<br><b>O   H</b> | Zip Code<br><b>43054</b>                | M<br><b>1   0</b> | D<br><b>0   9</b> | Y<br><b>0   9</b>                        | Amount<br><b>20.00</b>  |  |

\* 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 \$ 545.00