## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Cheri Lehmann						
Full Name of Contributor			Registration Number, if PAC			
James C. Henry & Frances B. Henry			Registra	aion Ivain	oci, ii i zi	
Street Address	Employer/Occup	ation/Labor Organization*			yeas extens brinds in ministration	Form (Cash, Check, etc.)
	Employer/Occup	anon/Labor Organization				
4193 Sudbrook Square W	Corre	77. 0.4.	7 34	T 75	- V	Check
	State	Zip Code	M	D	Y	Amount
New Albany	O   H	43054	0 8	A STATE OF THE PARTY OF THE PAR		125.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
The New Albany Company LLC	Ir. 1/0	· · · // · · · · · · · · · · · · · · ·				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
8000 Walton Parkway		Taria	1	T =		Check
City	State	Zip Code	M	D	Y	Amount
New Albany	OH	43054	0 9	daniero en la companya de la company	decimental second	1,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
William H. Resch				***************************************		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
Harlem Road		Q				Check
City	State	Zip Code	M	D	Y	Amount
New Albany	O   H	43054	0 9	0 6	0 9	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Benjamin W. Hale, Jr.						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
						Check
City	State	Zip Code	М	D	Y	Amount
New Albany	$\mid O \mid H$	43054	0 9	0 9	0 9	200.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
James S. Lambright						
Street Address	Employer/Occup	ation/Labor Organization*			***************	Form (Cash, Check, etc.)
Pond Lily Court						Check
City	State	Zip Code	M	D	Y	Amount
New Albany			0 9	1 0	0 9	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Steve Fate						
Street Address	Employer/Occup	Hereconson			Form (Cash, Check, etc.)	
					Check	
City	State	Zip Code	M	D	Y	Amount
New Albany	OH	43054	0 9	1 4	0 9	50.00
Full Name of Contributor					ber, if PA	
Heather & J. David Goodman						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
						Check
City	State	Zip Code	М	D	Y	Amount
New Albany	OH	43054	0 9		0 9	100.00
Full Name of Contributor		10001	mere regardance continue company	CHE MORNING COMMON PROPERTY.	ber, if PA	
Philip Derrow			1		, ** * / *	:=
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
						Check
City	State	Zip Code	M	D	Y	Amount
New Albany	OH	43054	0 9	1 7	0 9	200.00
INCW AWAITY		1 70007	10 9		10 9	200.00

Page Total \$ 1,825.00

<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)]