

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Cheri Lehmann							
Full Name of Contributor M. Joseph & Stephanie Lee Sestak					Registration Number, if PAC		
Street Address 4853 Meadway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 1   9	Y 0   9	Amount 35.00	
Full Name of Contributor Eric S. & Bridget Henze					Registration Number, if PAC		
Street Address 6430 Herb Garden Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 2   0	Y 0   9	Amount 25.00	
Full Name of Contributor Scott E. & Cheryl A. Bagenstose					Registration Number, if PAC		
Street Address 3758 Pembroke Green E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 2   1	Y 0   9	Amount 100.00	
Full Name of Contributor Aaron L. & Sara A. Underhill					Registration Number, if PAC		
Street Address 6319 Lake Mathais Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 2   3	Y 0   9	Amount 50.00	
Full Name of Contributor Troy Build					Registration Number, if PAC		
Street Address 5791 Zarley St. Suite C		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 2   3	Y 0   9	Amount 100.00	
Full Name of Contributor Griffin Communications					Registration Number, if PAC		
Street Address 1965 Lake Shore Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43204	M 1   1	D 0   1	Y 0   9	Amount 225.00	
Full Name of Contributor Kessler Lennox Realty, Inc.					Registration Number, if PAC		
Street Address 220 Market Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O   H	Zip Code 43054	M 1   0	D 2   1	Y 0   9	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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 \$ 635.00