Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						COMPANY OF THE PARTY OF THE PAR		
Citizens for Cheri Lehmann								
ill Name of Contributor					Registration Number, if PAC			
Paul S. Kosling								
Street Address	IEmployer/	Оссира	ation/Labor Organization*				Form (Cash, Che	ck etc)
Succe Address	Employer/Occupation/Eacor Organization			Check				
City	State		Zip Code	M	D	Y	Amount	
New Albany		H	43054	0 9	and the state of the state of the state of	0 9		25.00
Full Name of Contributor Registration Number, if PAC Amy E. Kellogg								
Street Address	Employer/Occupation/Labor Organization*					antation (each of the conference of the conferen	Form (Cash, Che	ck, etc.)
4270 Lake Harbour Way						Check	• •	
City	State		Zip Code	M	D	Y	Amount	
Avon	0	Н	44011	0 9		0 9		50.00
Full Name of Contributor	Registration Number, if PAC							
Francis L Strahler & Leigh Anne Strahler								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.			ck, etc.)
4186 James River Road						Check		
City	State		Zip Code	M	D	Y	Amount	100.00
New Albany		Н	43054	0 9	and the second s	Managara and American		100.00
Full Name of Contributor				Registra	ation Num	ber, if PA	ъС	
Cynthia Snyder								
Street Address 2756 Rombyooko Croop F	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			ck, etc.)
3756 Pembrooke Green E	State	Zip Code	Check M D Y Amount					
New Albany	O	H	43054	$\begin{vmatrix} 1 \\ 0 \end{vmatrix} 9$	1 .		Alitount	50.00
Full Name of Contributor			10001	and promote the state of the second	tion Num	The second second second	ьC	20.00
Susan L. Bradbury & Brent B. Bradbury								
Street Address	Employer/Occupation/Labor Organization*				<u>Oncorrence di An</u>		Form (Cash, Che	ck, etc.)
5198 Hanover Close		-		Check			•	
City	State	e	Zip Code	М	D	Y	Amount	*****
New Albany				1 0	0 1	0 9		100.00
Full Name of Contributor	<u> </u>			Registra	ition Num	Commence of the contract of	.C	
Yarger Wealth Strategies, LLC								
Street Address	Employer/				Form (Cash, Che	ck, etc.)		
140 Dorchester South Suite B							Check	
City	State		Zip Code	M	D	Y	Amount	
Westerville	0	H	43081		0 1			100.00
Full Name of Contributor	R				Registration Number, if PAC			
Lisa A. Purvis-Hinson								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7518 Ogden Woods	Cont		I	1 17	T	T 7,	Check	
^{City} New Albany	State	e H	Zip Code 43054	M 1 0	$\begin{bmatrix} D \\ O \end{bmatrix} 7$	0 9	Amount	100.00
New Albany O H 43054 1 0 7 0 9 100.00 Full Name of Contributor Registration Number, if PAC								
Jeff Blunt								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
7454 Tottenham Place	-				1			,,
City	State	e	Zip Code	M	D	Y	Cash Amount	
New Albany	0	Н	43054	1 0	0 9	0 9		20.00

Page Total \$ 545.00

^{*} 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)]