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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	N. 3-91-00-00-00-00-00-00-00-00-00-00-00-00-00		da Marana manana ny itany	dan makanakan			MATERIAL DESCRIPTION AND ADDRESS OF THE PARTY OF THE PART
Name of Committee in Full							
Citizens for Cheri Lehmann	2000 AND 2016 STATE OF THE PARTY OF THE PART			and the second second		******************************	
Full Name of Contributor			Registrat	ion Num	ber, if PA	AC .	
Shawn J. McGrath				***************************************			HANNON HA
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
6954 New Albany Road E.						Check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	$O \mid H$	43054	1 0	1 5			25.00
Full Name of Contributor			Registrat	ion Num	iber, if PA	AC	
Lila C. Cunningham		W		*************			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
8 Keswick Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	O H	43054	1 0	1 5	0 9		50.00
Full Name of Contributor	Registration Number, if PAC						
Amy E. Kellogg Street Address							
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)	
4270 Lake Harbour Way						Check	
City	State	Zip Code	M	D	Y	Amount	
Avon	$O \mid H$	44011	1 0	1 5	0 9		50.00
Full Name of Contributor					ber, if PA	AC	
Info Channel of America, LTD							
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Che	eck, etc.)
5195 Hamstead Village Center Way						Check	
City	State	Zip Code	M	D	Y	Amount	
New Albany	OIH	43054	1 0	1 5	0 9		25.00
Full Name of Contributor					aber, if P	AC .	
Patrick A. Lang							
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
7159 Brooks Close						Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	$O \mid H$	43054		1 6	1 .		50.00
Full Name of Contributor		10001				AC	00.00
Full Name of Contributor Registration Number, if PAC Christina F. Benseler							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
6454 Ellis Nook Drive					Check		
City	State	Zip Code	M	D	Y	Amount	
New Albany	OIH	43054		1	0 9		100.00
Full Name of Contributor	0	13034	Registra				100.00
Paul D. Abelman							
Street Address	Employar/Occu	nation/Labor Organization*		*********		Form (Cash, Ch	eck etc)
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
5137 Stonehope Road	State	Zip Code	М	D	Y	Amount	
City			I .	l .	1 .	Amount	50.00
New Albany	O H	43054	1 0	1 6	تسنين سينسي سياب		30.00
Full Name of Contributor Registration Number, if PAC							
William Bates Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	Employer/Occu	pauon/Labor Organization*				2	еск, егс.)
5081 Marks Court		Ter out	- 1 	T ==	1	Check	
City	State	Zip Code	M	D	Y	Amount	" 0 00
New Albany	OH	43054	1 0	1 7	0 9	I	50.00

Page Total \$	400.00
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^{*} 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)]