31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full														
Committee for Dave Lundregan														
Full Name of Contributor												Registration Number, if PAC		
Joe Martin														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
8601 Morris Road													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	OH	43026	0	9	2	6	0	7					25.00	
Full Name of Contributor												Registration Number, if PAC		
Bob McNaughton														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
3753 Scioto Run Blvd.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	OH	43026	0	9	2	6	0	7					100.00	
Full Name of Contributor												Registration Number, if PAC		
Brett Febus														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
4060 Wayne Street													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	OH	43026	0	9	2	5	0	7					100.00	
Full Name of Contributor												Registration Number, if PAC		
Mike Winkler														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
6964 Balantrae Loop													Check	
City	State	Zip Code	M		D		Y						Amount	
Dublin	OH	43016											10.00	
Full Name of Contributor												Registration Number, if PAC		
Drew McCartt														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
5068 Waycroft Ct.													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	OH	43026	0	9	2	8	0	7					50.00	
Full Name of Contributor												Registration Number, if PAC		
Nancy Postle														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
4450 Dublin Road													Check	
City	State	Zip Code	M		D		Y						Amount	
Columbus	OH	43221	0	9	2	6	0	7					100.00	
Full Name of Contributor												Registration Number, if PAC		
Lisa Whiting														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
801 Thorncrest													Check	
City	State	Zip Code	M		D		Y						Amount	
Galloway	OH	43119	0	9	2	9	0	7					75.00	
Full Name of Contributor												Registration Number, if PAC		
JD Biros														
Street Address	Employer/Occupation/Labor Organization*												Form (Cash, Check, etc.)	
2854 Wynneleaf Street													Check	
City	State	Zip Code	M		D		Y						Amount	
Hilliard	OH	43026	1	0	0	1	0	7					50.00	

* 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))

Page Total $ 510.00