

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Lampke for Council</b>									
Full Name of Contributor <b>John and Linda Ziegler</b>						Registration Number, if PAC			
Street Address <b>2671 Fair</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
City <b>Bexley</b>		State <b>o h</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Amount <b>20.00</b>	
Full Name of Contributor <b>Barbara and Bill Hoyer</b>									
Street Address <b>2569 Brentwood</b>						Registration Number, if PAC			
City <b>Bexley</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
		State <b>o h</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>50.00</b>	
Full Name of Contributor <b>Yale and Lauren Levy</b>									
Street Address <b>2544 Bryden</b>						Registration Number, if PAC			
City <b>Bexley</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
		State <b>o h</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>25.00</b>	
Full Name of Contributor <b>Michelle and Dave Kusma</b>									
Street Address <b>Brentwood 2765</b>						Registration Number, if PAC			
City <b>Bexley</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>		
		State <b>o h</b>		Zip Code <b>43209</b>		M <b>1</b>		D <b>0</b>	
						Y <b>1</b>		Amount <b>50.00</b>	
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor									
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		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)]