Statement of Contributions Received

Prescribed by Secretary of State 3/05

				Name of the Owner, where the Owner, while the Owner, whil	STREET,			
Name of Committee in Full								
Citizens for Cheri Lehmann			1	***************************************				
Full Name of Contributor				Registration Number, if PAC				
Shawn J. McGrath			<u> </u>			-		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
6954 New Albany Road E.						Check		
City	State	Zip Code	M	D	Y	Amount		
New Albany	0 H	43054	1 0	1 5	0 9		25.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC		
Luvern L. & Lila C. Cunningham								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
8 Keswick Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
New Albany	0 H	43054	1 0	1 5	0 9		50.00	
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	ition Num	And the second second	Paradalahan Karatan Ka	of page 19 to the page of the page 19 to the page 1	
Amy E. Kellogg								
Street Address	Employer/Occup	ation/Labor Organization*	- Bressessessessesses	*****************************		Form (Cash, Ch	eck, etc.)	
4270 Lake Harbour Way						Check		
City	State	Zip Code	М	D	Y	Amount		
Avon	OH	44011	110	115	0 9		50.00	
Full Name of Contributor			THE REAL PROPERTY.	ntion Nurr		District Control of the Control of t		
Info Challel of America LTD								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
5195 Hampsted Village Center Way	1 /				Check			
City	State	Zip Code	M	D	Y	Amount		
New Albany	$O \mid H$	43054	110	1 5	1		25.00	
Full Name of Contributor		1 2002	and the second second	ation Num				
Patrick A. Lang								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			eck, etc.)	
7159 Brooks Close				Check				
City	State	Zip Code	M	D	Y	Amount		
New Albany	OH	43054	1 0	1 .	1 .	1	50.00	
Full Name of Contributor		LOOU I		ation Nun	and the second second	Market and the control of the contro	00.00	
James D. & Christina F. Benseler			5		,			
Street Address	Employer/Occupation/Labor Organization*			ianaronani-mora	Form (Cash, Ch	ieck, etc.)		
6454 Ellis Nook Drive					Check			
City	State	Zip Code	М	D	Y	Amount		
New Albany	OIH	43054	1	1 6		8	100.00	
Full Name of Contributor		I TOOUT	-	ation Nun	1		100.00	
Paul D. & Kim R. Abelman			1.28,000		,			
Street Address	Employer/Occur	oation/Labor Organization*		550500pt-6500000-0000		Form (Cash, Ch	neck, etc.)	
5137 Stonehope Road	Employer Goodparon Lavor Organization					Check		
City	State	Zip Code	M	D	Y	Amount		
		43054	110	1	0 9	inicuit	50.00	
New Albany Full Name of Contributor		43034		16 ation Nun	and the second second second	A.C.	20.00	
			Registr	ation inun	nou, il l'	n,		
William & Debra Bates	Ir1. /0:					Bown (Carle Cl	ands ato	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5081 Marks Court	1	(a) (a)	1 57	1 15	T 37	Check		
City	State	Zip Code	M	D	Y	Amount	" 0 00	
New Albany	0 H	43054	1 0	1 7	0 9		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)]