

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Dave Lundregan							
Full Name of Contributor Craig King					Registration Number, if PAC		
Street Address 4173 Stoneroot Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Angela Klausman					Registration Number, if PAC		
Street Address 5627 Tynecastle Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 2	Amount 50.00	
Full Name of Contributor Daniel Foder					Registration Number, if PAC		
Street Address 5941 Heritage Farms Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Cathy Smith					Registration Number, if PAC		
Street Address 8059 Roberts Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor Lisa King					Registration Number, if PAC		
Street Address 3745 Ridgewood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 2	Amount 25.00	
Full Name of Contributor Andy Teater					Registration Number, if PAC		
Street Address 3837 Dayspring		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Melvin White					Registration Number, if PAC		
Street Address 4552 Carrington Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 0	Y 1	Amount 25.00	
Full Name of Contributor Hilliard Education Association					Registration Number, if PAC		
Street Address 5491 Scioto Darby Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 1	D 1	Y 0	Amount 400.00	

* 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 \$ **700.00**