

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Lynch for Office</b>									
Full Name of Contributor <b>Michael Lynch</b>						Registration Number, if PAC			
Street Address <b>18030 Boerger Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Marysville</b>		State <b>OH</b>		Zip Code <b>43040</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>James Moses</b>						Registration Number, if PAC			
Street Address <b>155 E Columbus Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Michael Stobart</b>						Registration Number, if PAC			
Street Address <b>15 E Columbus Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Richard Wiser</b>						Registration Number, if PAC			
Street Address <b>103 E Fairfield Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Shawn Duckworth</b>						Registration Number, if PAC			
Street Address <b>18 1/2 E Columbus Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Canal Winchester</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Cindi Lynch</b>						Registration Number, if PAC			
Street Address <b>27 E Columbus Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Checks</b>		
City <b>Canal Winchester</b>		State <b>OH</b>		Zip Code <b>43110</b>		M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>\$718.56</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>		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 also appear. [R.C. 3517.10(B)(4)]