

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Committee for Dave Lundregan							
Donnette Calhoon				Registration Number, if PAC			
4382 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Hilliard	O H	43026	1	1	0	5	07
					Check		
					Amount 50.00		
Rita Trimble				Registration Number, if PAC			
4190 Maystar Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
Hilliard	O H	43026	1	1	0	5	07
					Check		
					Amount 200.00		
				Registration Number, if PAC			
		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
				Registration Number, if PAC			
		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
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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)]