

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MARK NOBLE									
Full Name of Contributor NOBLE FOR CONGRESS						Registration Number, if PAC			
Street Address 130 GREAT LAWN WAY			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) INTRABANK		
City COLUMBUS			State O H		Zip Code 43235		M D Y 0 1 16		Amount 537.49
Full Name of Contributor WILLIAM PIERCE						Registration Number, if PAC			
Street Address BOX 154			Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) BANK/CC		
City GATES MILLS			State O H		Zip Code 44040		M D Y 0 1 17		Amount 100.00
Full Name of Contributor ELIZABETH LESSNER						Registration Number, if PAC			
Street Address 2653 GLEN ECHO DRIVE			Employer/Occupation/Labor Organization* BETTY'S FAMILY RESTRTS/OWNER				Form (Cash, Check, etc.) BANK/CC		
City COLUMBUS			State O H		Zip Code 43202		M D Y 0 1 17		Amount 100.00
Full Name of Contributor BRIAN HODGE						Registration Number, if PAC			
Street Address 227 MISTY GARDEN			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) BANK/CC		
City HENDERSON			State N V		Zip Code 89012		M D Y 0 1 18		Amount 25.00
Full Name of Contributor JILLIAN MACK						Registration Number, if PAC			
Street Address 4310 ORCHARD LANE			Employer/Occupation/Labor Organization* SOGETI USA/SW DEVEL MGR				Form (Cash, Check, etc.) BANK/CC		
City CINCINNATI			State O H		Zip Code 45236		M D Y 0 1 18		Amount 25.00
Full Name of Contributor PAUL LOCKWOOD						Registration Number, if PAC			
Street Address 11 GLENHURST DRIVE			Employer/Occupation/Labor Organization* OBERLIN COLLEGE/COMMUNICATION				Form (Cash, Check, etc.) BANK/CC		
City OBERLIN			State O H		Zip Code 44074		M D Y 0 1 20		Amount 25.00
Full Name of Contributor KEVIN KNEDLER						Registration Number, if PAC			
Street Address 6248 HOME ROAD			Employer/Occupation/Labor Organization* SCOTTS/SALES MANGER				Form (Cash, Check, etc.) BANK/CC		
City DELAWARE			State O H		Zip Code 43015		M D Y 0 1 20		Amount 50.00
Full Name of Contributor JAN LABANOWSKI						Registration Number, if PAC			
Street Address 2715 WESTMONT BLVD			Employer/Occupation/Labor Organization* SOPHISTICATED SYST/CPTR CONSLT				Form (Cash, Check, etc.) BANK/CC		
City COLUMBUS			State O H		Zip Code 43221		M D Y 0 1 21		Amount 50.00

* 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 \$ 912.49