Statement of Contributions Received

Page 1

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | one of the original | | | | | |
|--|--|---|--------------------------|-----------------------------|--------------------------|--|--|
| Marilyn Rush-Ekelberry | for Co | uncil | | | | | |
| Full Name of Contributor | | Registration Number, if PAC | | | | | |
| James H. Sheriden Street Address | | | | | | | |
| i | Employer/Occu | pation/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) | |
| 7786 Spring Mill Dr. NW | State | Zip Code | Use | | 1 12 | Cash | |
| Canal Winchester | ОН | 43110 |) M 1 1 | 01 | 1 1 | Amount | |
| Full Name of Contributor | | 1 43110 | | ation No | | \$100.00 | |
| · | | | | | | | |
| Street Address | Employer/Occu | | | | Form (Cash, Check, etc.) | | |
| City | Contraction | 17: 6.1 | | - , | <u> </u> | | |
| | State | Zip Code | M | P | Y | Amount | |
| Full Name of Contributor | | Registration Number, if PAC | | | | | |
| | | | | ,,,,,,, | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | Form (Cash, Check, etc.) | |
| City | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | Pagistr | ation Nu | mbas if | DA C | |
| | | | | Registration Number, if PAC | | | |
| Street Address Employer/Occupation/Labor Organization* | | | | | | Form (Cash, Check, etc.) | |
| | | | _ | | | [| |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | Dia-i | | 1 1 | | |
| | | | Registra | tion Nu | nber, II I | AC | |
| Street Address | Employer/Occup | Form (Cash, Check, etc.) | | | | | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | Щ. | <u> </u> | | |
| | | | Registra | tion Nur | nber, if I | AC | |
| Street Address | Employer/Occup | | Form (Cash, Check, etc.) | | | | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | | |
| | | | Registra | tion Nun | nber, if F | AC | |
| Street Address | Employer/Occur | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| | | | | | | County Chicago | |
| City | State | Zip Code | М | D | M | Amount | |
| Full Name of Contributor | | | | | | | |
| Registration Number, if PAC | | | | | | | |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| | | | | | | . o.m (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | | <u> </u> | |

^{*} 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)]