

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Marilyn Rush-Ekelberry for Council									
Full Name of Contributor Robert Wood						Registration Number, if PAC			
Street Address P.O. Box 575			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester			State OH		Zip Code 43110		M 0		D 93
							Y 0		Amount \$250.00
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
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
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
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M		D
							Y		Amount
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							Y		Amount
Full Name of Contributor						Registration Number, if PAC			
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City			State		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)]