Statement of Contributions Received

Prescribed by Secretary of State 3/05

Security of the Europe	·			-		
Name of Committee in Full						
Citizens for Marilee	·		Danisand 3	Jumber &DA		
Il Name of Contributor			Registration i	Registration Number, if PAC		
BRENDA L RINEHART					r (C) Cl 1 : \	
Street Address	Employer/Occ	upation/Labor Organization*	•		Form (Cash, Check, etc.)	
8429 ARBORY HILL COURT					CHECK	
City	State	Zip Code	M D	i I	Amount	
DUBLIN	O F	l 43017	1 0 1	9 1 1	25.00	
Full Name of Contributor			Registration l	Number, if PA	С	
ROBIN L MORAN			i			
Street Address	Employer/Occ	cupation/Labor Organization	•	-	Form (Cash, Check, etc.)	
7056 SHADY NELMS DR					CHECK	
City	State	Zip Code	МГ) Y	Amount	
DUBLIN	OF		1 0 1	9 1 1	200.00	
Full Name of Contributor	1 0 1 -	10017		Number, if PA		
				*		
DAVID N ABOOD	Fmolover/Occ	cupation/Labor Organization	*		Form (Cash, Check, etc.)	
Street Address	Employer/Occupation Labor Organization				CHECK	
5301 INDIAN HILL RD	State	Zip Code	MI) Y	Amount	
City	1		_		100.00	
DUBLIN	0 1	1 43017		9 1 1 Number, if PA		
Full Name of Contributor			Registration	ramoer, n PP	10	
JEAN G MALARKEY					Form (Cash, Check, etc.)	
Street Address	Employer/Oc	! -				
5513 CARNOUSTIE CT					CHECK	
City	State	Zip Code	1 1	D Y	Amount	
DUBLIN	1 0 1	1 43017		9 1 1	100.00	
Full Name of Contributor			Registration	Number, if PA	AC .	
	<u>.</u>					
Street Address	Employer/Oc	1*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	D Y	Amount	
•				1	<u></u>	
Full Name of Contributor	<u> </u>		Registration	Number, if Pa	AC	
[
Street Address	Employer/Oc	n*		Form (Cash, Check, etc.)		
	' '					
City	State	Zip Code	М	D Y	Amount	
City			1 1	1 1		
Full Name of Contributor			Registration	Number, if P	AC	
Pull Fixing of Collaboration						
	Employer/O	ccupation/Labor Organizatio	n*		Form (Cash, Check, etc.)	
Street Address	Етрюует Оссиранов Баоог Огданганов				,,,	
	04	Zip Code	M	D Y	Amount	
City	State	Zip Code	141	- '	. Liverin	
			Paristration	n Number, if P		
Full Name of Contributor			Kegistration	n number, if P	AC	
					Earn (Cash Chaols ata)	
Street Address	Employer/O	n*		Form (Cash, Check, etc.)		
City	State	Zip Code	M	DY	Amount	
		didasaa T6 aantailustor is	salf amplayed the or	compation and	the name of the	

* 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 \$ 425.00