

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MARK NOBLE							
Full Name of Contributor JOHN STEWART					Registration Number, if PAC		
Street Address 855 BRYNMAWR DR		Employer/Occupation/Labor Organization* STEWART CORP/EXECUTIVE			Form (Cash, Check, etc.) BANK/CC		
City GAHANNA	State O H	Zip Code 43230	M 0 2	D 2 7	Y 1 1	Amount 250.00	
Full Name of Contributor LAWRENCE B. LEE					Registration Number, if PAC		
Street Address 407 EAST PERRY ST		Employer/Occupation/Labor Organization* SELF EMPLOYED/ATTORNEY			Form (Cash, Check, etc.) CHECK		
City SAVANNAH	State G A	Zip Code 31401	M 0 3	D 0 2	Y 1 1	Amount 101.00	
Full Name of Contributor WILLIAM YARBROUGH					Registration Number, if PAC		
Street Address 6300 HILLTOP TRAIL DRIVE		Employer/Occupation/Labor Organization* NATIONWIDE / TRAINING CONSULT			Form (Cash, Check, etc.) BANK/CC		
City NEW ALBANY	State O H	Zip Code 43054	M 0 3	D 0 6	Y 1 1	Amount 50.00	
Full Name of Contributor LUKE MCKELLAR					Registration Number, if PAC		
Street Address 3367 SUNNYSIDE DRIVE		Employer/Occupation/Labor Organization* SUNNYSIDE TECH/OWNER			Form (Cash, Check, etc.) BANK/CC		
City BEAVERCREEK	State O H	Zip Code 45432	M 0 3	D 0 9	Y 1 1	Amount 500.00	
Full Name of Contributor BUCKEYE FIREARMS ASSOCIATION					Registration Number, if PAC OH1134		
Street Address 15 WEST WINTER ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DELAWARE	State O H	Zip Code 43015	M 0 3	D 0 9	Y 1 1	Amount 250.00	
Full Name of Contributor AARON HARRIS					Registration Number, if PAC		
Street Address 4300 STATE RT 235		Employer/Occupation/Labor Organization* JAMES LEADERSHIP ACAD/TEACHER			Form (Cash, Check, etc.) BANK/CC		
City FAIRBORN	State O H	Zip Code 45324	M 0 3	D 1 0	Y 1 1	Amount 25.00	
Full Name of Contributor CHAD MONNAN					Registration Number, if PAC		
Street Address PO BOX 570		Employer/Occupation/Labor Organization* MEP LLC/DIRECTOR			Form (Cash, Check, etc.) BANK/CC		
City NEW ALBANY	State O H	Zip Code 43054	M 0 3	D 1 5	Y 1 1	Amount 2,300.00	
Full Name of Contributor DAVID MACKO					Registration Number, if PAC		
Street Address 28810 CANNON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) BANK/CC		
City OLON	State O H	Zip Code 44139	M 0 3	D 2 5	Y 1 1	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 \$ 3,526.00