

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR MARK NOBLE</b>							
Full Name of Contributor <b>STEVE LINNABERRY</b>					Registration Number, if PAC		
Street Address <b>PO BOX 115</b>		Employer/Occupation/Labor Organization* <b>RESOURCE INTL/CONSULTANT</b>			Form (Cash, Check, etc.) <b>MONEY ORDER</b>		
City <b>BLACKLICK</b>	State <b>O   H</b>	Zip Code <b>43004</b>	M <b>0   6</b>	D <b>0   4</b>	Y <b>1   1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>JOSH ROBERTSON</b>					Registration Number, if PAC		
Street Address <b>6233 WEST BREEZEWAY DR</b>		Employer/Occupation/Labor Organization* <b>SHERWIN WILLIAMS/CSR</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>NORTH RIDGE</b>	State <b>O   H</b>	Zip Code <b>44039</b>	M <b>0   6</b>	D <b>0   4</b>	Y <b>1   1</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>PAUL HINDS</b>					Registration Number, if PAC		
Street Address <b>4111 YELLOWOOD ST</b>		Employer/Occupation/Labor Organization* <b>WOOD FOREST NATL BANK/BANKER</b>			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>LIMA</b>	State <b>O   H</b>	Zip Code <b>45806</b>	M <b>0   6</b>	D <b>0   4</b>	Y <b>1   1</b>	Amount <b>5.00</b>	
Full Name of Contributor <b>TEMSEN O'NEILL</b>					Registration Number, if PAC		
Street Address <b>60 ARDEN ROAD</b>		Employer/Occupation/Labor Organization* <b>FULL TIME PARENT</b>			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   6</b>	D <b>1   6</b>	Y <b>1   1</b>	Amount <b>60.00</b>	
Full Name of Contributor <b>JOHN DAGES</b>					Registration Number, if PAC		
Street Address <b>2626 PINE SHORE DR</b>		Employer/Occupation/Labor Organization* <b>.NET PRACTICE/MANAGER</b>			Form (Cash, Check, etc.) <b>BANK/CC</b>		
City <b>LIMA</b>	State <b>O   H</b>	Zip Code <b>45806</b>	M <b>0   6</b>	D <b>1   7</b>	Y <b>1   1</b>	Amount <b>100.00</b>	
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	

\* 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)]