

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full GLYDE MARSH FOR COUNCIL COMMITTEE									
Full Name of Contributor GLYDE MARSH						Registration Number, if PAC			
Street Address 3449 REYNOLDSBURG NEW ALBANY ROAD				Employer/Occupation/Labor Organization* RETIRED				Form (Cash, Check, etc.) CASH	
City NEW ALBANY		State OH		Zip Code 43054		M 1		D 0	
						Y 2		Amount \$1,750.63	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
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City		State		Zip Code		M		D	
		OH						Y	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	

* 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)]

Page Total **\$1,750.63**