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Statement of Contributions Received

. Prescribed by Secretary of State 3/05

							 		
Name of Committee in Full									
CITIZENS FOR MARILEE									
Full Name of Contributor					Registration Number, if PAC				
JUDITH C WILLIAMSON									
Street Address	Employer	Occupat	tion/Labor Organization*				Form (Cash, Check	c, etc.)	
8029 HILLINGDON DR					CHECK				
City	Stat	e	Zip Code	М	D	Y	Amount		
POWELL	101	H	433065	0 9	3 0	1 1		25.00	
Full Name of Contributor	<u> </u>					ber, if PA	Ċ		
RANDOLPH A ROTH				}					
Street Address	Employer	/Оссира	tion/Labor Organization*		•		Form (Cash, Check	k, etc.)	
6987 GRANDEE CLIFFS DR						1	CHECK		
	Sta	te i	Zip Code	М	D	Y	Amount		
City		Н	43016	0 9	310	l . !		25.00	
DUBLIN	0	* *	43010			ber, if PA	.C	20.00	
Full Name of Contributor				Registra	COT LAUIT	, H17			
EVA R SUSIE		10	- A-1		_		Form (Cash, Chec	k etc \	
Street Address	Employer	Employer/Occupation/Labor Organization*						a, 510.)	
8682 HAWICK CT N					1	1	CHECK		
City	Sta		Zip Code	M	D	Y	Amount	40.00	
DUBLIN	0 [H	43017	0 9	3 0		<u> </u>	40.00	
Full Name of Contributor				Registra	tion Nur	iber, if PA	rC.		
MICHAEL L BLACKWELL									
Street Address	Employe				Form (Cash, Chec	k, etc.)			
2399 SUTTER PARKWAY							CHECK		
City	Sta	ite	Zip Code	M	D	Y	Amount		
DUBLIN	01	Н	43016	019	310	1 1		35.00	
Full Name of Contributor			1			nber, if PA	AC .		
ELAINE SAYLOR									
	Employe	т/Оссии	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
Street Address	Z.ii.p.iöye						CHECK		
5416 ARYSHIRE DR		ate	Zip Code	Тм	T D	Y	Amount		
City	1	ate H	1 -		1	111]	50.00	
DUBLIN	0	11	43017			nber, if P	A.C.	50.00	
Full Name of Contributor				Registr	ation ivei	noci, ii Fi	n.		
WILLIAM C ANDREWS							Form (Cash, Che	ole ata \	
Street Address	Employe	r/Occup	ation/Labor Organization*					uk, etc.)	
7015 FITZGERALD DR			<u>. </u>		1 =	T ::-	CHECK		
City	t t	ate	Zip Code	M	D	Y	Amount	E O 00	
DUBLIN	0	H	43017	[0]9	1310	1 1	1	50.00	
Full Name of Contributor				Registr	ation Nu	mber, if P	AC		
CHARLES W KRANSTUBER									
Street Address	Employ	er/Occur	nation/Labor Organization*				Form (Cash, Che		
5512 CAPPLESTONE LANE							CHECK		
City	S	tate	Zip Code	М	D	Y	Amount		
DUBLIN	0	H	43017	019	310	1 1	: 1	50.00	
Full Name of Contributor	1 5	<u> </u>				mber, if P	AC		
I A CHINNICI									
Street Address	Employ	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	[CHECK		
2211 GEORGIA DRIVE		tate	Zip Code	М	D	Y	Amount		
City	l <u>-</u>	H		0 9		_ 1	, 1	50.00	
WESTLAKE	0	1 11	44145	IUI:			the name of the	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 payrol! 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 \$ 325.00