

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR MARILEE</b>							
Full Name of Contributor <b>JUDITH C WILLIAMSON</b>					Registration Number, if PAC		
Street Address <b>8029 HILLINGDON DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>POWELL</b>	State <b>O   H</b>	Zip Code <b>433065</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>RANDOLPH A ROTH</b>					Registration Number, if PAC		
Street Address <b>6987 GRANDEE CLIFFS DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>EVA R SUSIE</b>					Registration Number, if PAC		
Street Address <b>8682 HAWICK CT N</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>MICHAEL L BLACKWELL</b>					Registration Number, if PAC		
Street Address <b>2399 SUTTER PARKWAY</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>35.00</b>	
Full Name of Contributor <b>ELAINE SAYLOR</b>					Registration Number, if PAC		
Street Address <b>5416 ARYSHIRE DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>WILLIAM C ANDREWS</b>					Registration Number, if PAC		
Street Address <b>7015 FITZGERALD DR</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>CHARLES W KRANSTUBER</b>					Registration Number, if PAC		
Street Address <b>5512 CAPPLESTONE LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>J A CHINNICI</b>					Registration Number, if PAC		
Street Address <b>2211 GEORGIA DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTLAKE</b>	State <b>O   H</b>	Zip Code <b>44145</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>50.00</b>	

\* 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)]