

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|--|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full CITIZENS FOR MARK NOBLE | | | | | | | |
| Full Name of Contributor MICHELLE ZUROWSKI | | | | | Registration Number, if PAC | | |
| Street Address 4907 SNOW ROAD | | Employer/Occupation/Labor Organization* SELF EMPLOYED/ PROP MGT | | | Form (Cash, Check, etc.) BANK/CC | | |
| City PARMA | State O H | Zip Code 44134 | M 0 1 | D 2 6 | Y 1 1 | Amount 120.00 | |
| Full Name of Contributor TEMSEN O'NEILL | | | | | Registration Number, if PAC | | |
| Street Address 60 ARDEN ROAD | | Employer/Occupation/Labor Organization* FULL TIME PARENT | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43214 | M 0 1 | D 2 9 | Y 1 1 | Amount 30.00 | |
| Full Name of Contributor LAWRENCE BINSKY | | | | | Registration Number, if PAC | | |
| Street Address 75 SOUTH CASSINGHAM RD | | Employer/Occupation/Labor Organization* BINSKY CORP/OWNER | | | Form (Cash, Check, etc.) CHECK | | |
| City COLUMBUS | State O H | Zip Code 43209 | M 0 2 | D 1 7 | Y 1 1 | Amount 100.00 | |
| Full Name of Contributor DAVID HOWELL | | | | | Registration Number, if PAC | | |
| Street Address 1305 ISLAND BAY DRIVE | | Employer/Occupation/Labor Organization* NATIONWIDE/RETIREMENT SALES | | | Form (Cash, Check, etc.) BANK/CC | | |
| City COLUMBUS | State O H | Zip Code 43235 | M 0 2 | D 2 1 | Y 1 1 | Amount 25.00 | |
| Full Name of Contributor MARK BURNS | | | | | Registration Number, if PAC | | |
| Street Address 3440 OLENTANGY RIVER ROAD | | Employer/Occupation/Labor Organization* US ARMY/DENTIST | | | Form (Cash, Check, etc.) BANK/CC | | |
| City COLUMBUS | State O H | Zip Code 43202 | M 0 2 | D 2 5 | Y 1 1 | Amount 5.00 | |
| Full Name of Contributor RICHARD FLOWERS | | | | | Registration Number, if PAC | | |
| Street Address 1585 RICHMOND AVE | | Employer/Occupation/Labor Organization* COOPER ST BANK/NETWORK ADMIN | | | Form (Cash, Check, etc.) BANK/CC | | |
| City COLUMBUS | State O H | Zip Code 43203 | M 0 2 | D 2 5 | Y 1 1 | Amount 10.00 | |
| Full Name of Contributor SUSAN NOBLE | | | | | Registration Number, if PAC | | |
| Street Address 1845 HYATTS ROAD | | Employer/Occupation/Labor Organization* OSU/ADVISING COORD | | | Form (Cash, Check, etc.) CHECK | | |
| City DELAWARE | State O H | Zip Code 43015 | M 0 2 | D 2 5 | Y 1 1 | Amount 250.00 | |
| Full Name of Contributor DANIEL CONNER | | | | | Registration Number, if PAC | | |
| Street Address 208 EAST GAY ST | | Employer/Occupation/Labor Organization* STATE OF OHIO/CLAIMS EXAM | | | Form (Cash, Check, etc.) BANK/CC | | |
| City COLUMBUS | State O H | Zip Code 43215 | M 0 2 | D 2 6 | Y 1 1 | Amount 20.00 | |

* 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 \$ 560.00