

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MARK NOBLE							
Full Name of Contributor DAVID HOWELL					Registration Number, if PAC		
Street Address 1305 ISLAND BAY DRIVE		Employer/Occupation/Labor Organization* NATIONWIDE/SR. FINANCIAL LEA			Form (Cash, Check, etc.) BANK/CC		
City COLUMBUS	State O H	Zip Code 43235	M 0 8	D 0 4	Y 1 1	Amount 50.00	
Full Name of Contributor DAVID MACKO					Registration Number, if PAC		
Street Address 28810 CANNON RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City OLON	State O H	Zip Code 44139	M 0 9	D 2 0	Y 1 1	Amount 50.00	
Full Name of Contributor ROBERT WILLIAMS					Registration Number, if PAC		
Street Address 47960 US HWY 20		Employer/Occupation/Labor Organization* SELF/EDUCATION			Form (Cash, Check, etc.) BANK/CC		
City OBERLIN	State O H	Zip Code 44074	M 0 9	D 2 1	Y 1 1	Amount 50.00	
Full Name of Contributor TRAVIS IRVINE					Registration Number, if PAC		
Street Address 729 COLLEGE AVE		Employer/Occupation/Labor Organization* SELF/FILMMAKER			Form (Cash, Check, etc.) BANK/CC		
City COLUMBUS	State O H	Zip Code 43209	M 0 9	D 2 5	Y 1 1	Amount 25.00	
Full Name of Contributor CHARLES MORRISON					Registration Number, if PAC		
Street Address 6817 BENNELL DR		Employer/Occupation/Labor Organization* MCR MEDICAL SUPPLY/ OWNER			Form (Cash, Check, etc.) BANK/CC		
City REYNOLDSBURG	State O H	Zip Code 43068	M 1 0	D 1 7	Y 1 1	Amount 50.00	
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)]