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Statement of Contributions Received

Prescribed by Secretary of State 3/05

			_			7
Name of Committee in Full						
CITIZENS FOR MARILEE			in.	N! !	:rn	
Full Name of Contributor			Registrati	on Numb	er, if PA	U
KENT M UNDERWOOD			<u>L</u>			- (O. L. O
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4635 STOCKPORT CR					1	CHECK
City	State	Zip Code	M	D		Amount
DUBLIN	OH	43016		0 6	1 1	250.00
Full Name of Contributor			Registrati	ion Numl	er, if PA	Ċ
TERRY LYDEN						
reet Address Employer/Occupation/Labor Organ						Form (Cash, Check, etc.)
6347 MEMORIAL DR	MEMORIAL DR			CHECK		
City	State	Zip Code	M	D	Y	Amount
DUBLIN	ОН	43017	0 9	3 0	1 1	150.00
Full Name of Contributor		1001	Registrat			С
BETTY CLARK-MCCLENAGHAN	л					
Street Address	Employer/Occur	pation/Labor Organization*			•	Form (Cash, Check, etc.)
	Employer	panon autor o Bambana				CHECK
219 WATERFORD DR	State	Zip Code	M	D	Y	Amount
City	1 - 1 - 1	43017	1 0	0 3	1	100.00
DUBLIN	0 H	4301/			ber, if PA	
Full Name of Contributor			Kegisuai	GOII IVUIII	001, 11 1 2	
KEN MORKEL						Form (Cash, Check, etc.)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				
222 SEA TRAIL DR WEST					1	CASH
City	State	Zip Code	M	D	Y	Amount
SUBSET BEACH	NC	28468		3 0		50.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC
						· · · · · · · · · · · · · · · · · · ·
Street Address	Employer/Occi				Form (Cash, Check, etc.)	
	ļ					
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	tion Nun	nber, if P	AC
			-			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
						Ì
City	State	Zip Code	М	D	Y	Amount
City	1 1		1 1	1 1		
Full Name of Contributor		<u>- J</u>	Registr	ation Nu	nber, if P	AC
run Name of Controllor						
	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/occupations Dates. Organization					
	State	Zip Code	М	D	Y	Amount
City	State	Zip Code	"			
	1		Perietr	ation Nu	mber, if F	PAC
Full Name of Contributor			Keëisu	-0011 1 1 0		
	E I S	cupation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occ				i om (oun, onem, ore.)	
		Ta: O !	1 1	D	ΙΥ	Amount
City	State	Zip Code	M			, anoun
			1_1_			the name of the

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 \$ 550.00