

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|-----------------------|---|-------------------|-------------------|-------------------|--|--|
| Name of Committee in Full CITIZENS FOR MARILEE | | | | | | | |
| Full Name of Contributor KENT M UNDERWOOD | | | | | | Registration Number, if PAC | |
| Street Address 4635 STOCKPORT CR | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O H | Zip Code 43016 | M 1 0 | D 0 6 | Y 1 1 | Amount 250.00 | |
| Full Name of Contributor TERRY LYDEN | | | | | | Registration Number, if PAC | |
| Street Address 6347 MEMORIAL DR | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O H | Zip Code 43017 | M 0 9 | D 3 0 | Y 1 1 | Amount 150.00 | |
| Full Name of Contributor BETTY CLARK-MCCLENAGHAN | | | | | | Registration Number, if PAC | |
| Street Address 219 WATERFORD DR | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O H | Zip Code 43017 | M 1 0 | D 0 3 | Y 1 1 | Amount 100.00 | |
| Full Name of Contributor KEN MORKEL | | | | | | Registration Number, if PAC | |
| Street Address 222 SEA TRAIL DR WEST | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) CASH | |
| City SUBSET BEACH | State N C | Zip Code 28468 | M 0 9 | D 3 0 | 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 | |
| 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)]