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Statement of Contributions Received

Prescribed by Secretary of State 3/05

							
Name of Committee in Full							
CITIZENS FOR MARILEE		<u></u>	Registrat	ion Numl	her if DA	C	
Full Name of Contributor			WoRisnar	ion muni	owi, 11 1 /1	· ·	
RICK J SCHWIETERMAN	Employer/Occur	nation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	EmployenOccup	Prioring Priori O'Bumphoon				CHECK	
8546 PRESTON MILL CT	State	Zip Code	М	D	Y	Amount	
City	OH	43017	0 9	3 0	1 1	250.00	
DUBLIN Full Name of Contributor	10 1.	1001/		ion Num			
BARBARA K FERGUS					-		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
	Limpie, en e eve					CHECK	
5586 DUNDON CT	State	Zip Code	М	D	Y	Amount	
DUBLIN	OH	43017	0 9	310	1 1	250.00	
Full Name of Contributor	1 0 1	1 1001.		tion Num			
this seame of controlled							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	_			Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	ation Nur	nber, if P	AĈ	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nu	mber, if P	PAC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
. <u></u>		<u>l.</u>				<u></u>	
Full Name of Contributor			Registi	ation Nu	mber, if I	PAC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
				1 -		<u> </u>	
City	State	Zip Code	M	D	Y	Amount	
	1			1 1		DAC .	
Full Name of Contributor			Regist	ration Nu	imber, if	PAC	
						Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					rorm (Cash, Check, etc.)	
		Tay o :		T ==	37	Amount	
City	State	Zip Code	M	D	Y	Amount	
		andidates. If contributor is sel-				the name of the	
	side and appeal against 1	andidates. If contributor is sel-	r_employed t	He occurs	anon and	me 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 \$ 500.00