31-A									
R	Γ	3517	10						

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

				_					
Name of Committee in Full								į	
CITIZENS FOR MARILEE							_		
Full Name of Contributor		Registrat	ion Num	ber, if PA	C				
WARREN E FISHMAN				<u> </u>					
Street Address	Employer	/Occupa	tion/Labor Organization*		8			Form (Cash, Check, etc.)	
8577 TURNBERRY CT						_ [CHECK		
City	Star	te	Zip Code	М	D	Y	Amount		
DUBLIN	0	Н	43017	0 9	3 0	1 1		100.00	
Full Name of Contributor						ber, if PA	C		
J DALE BRUBECK				1					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc			ck, etc.)	
6630 PLESENTON DR W	military or ovarpanding paper of Barrangin						CHECK		
City	Sta	te	Zip Code	М	D	Y	Amount		
	0	Н	43085	0 9	3 0	1 1		100.00	
WORTHINGTON			1 40000				.C	100.00	
Full Name of Contributor Registration Number, if PAC									
GERRY N BIRD	Employee	/Occur-	ation/Labor Organization*	<u> </u>		_	Form (Cash, Che	eck, etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization*					CHECK		
P O BOX 3274			Tip Code	М	D	Y	Amount		
City	Sta		Zip Code				MIONIK	100.00	
DUBLIN	0	Н	43016		3 0	ber, if PA	<u>. </u>	100.00	
Full Name of Contributor				Kegistra	uon Nun	iver, II PP	··		
JOEL R CAMPBELL							Earn (Carl Of	agle etg.\	
Street Address	Employe	Employer/Occupation/Labor Organization*					-	Form (Cash, Check, etc.)	
575 S THIRD ST				•			CHECK		
City	Sta		Zip Code	М	a	Y	Amount	400.00	
COLUMBUS	0	Н	43215	0 9			<u> </u>	100.00	
Full Name of Contributor				Registra	tion Nun	nber, if PA	A C		
PAULA L BROOKS									
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4585 BENDERTON CT							CHECK		
City	St	ate	Zip Code	М	D	Y	Amount		
COLUMBUS	10	Н	43220	0 9				200.00	
Full Name of Contributor				Registra	ation Nur	nber, if P	AC		
CAP CLEGG				-					
Street Address	Employe	Employer/Occupation/Labor Organization*			Fo			Form (Cash, Check, etc.)	
5334 MC GINTY CT		-					CHECK		
City	St	ate	Zip Code	M	D	Y	Amount		
DUBLIN		H	43017	019	1310	1 1	[250.00	
Full Name of Contributor	1 9		1001/	Registr	ation Nu	mber, if P	AC		
LAWRENCE A LAUDICK						•			
<u> </u>	Employ	er/Occu	pation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
Street Address	Linpioy	Employer/Occupation/Dator Organization					CHECK		
10700 WINCHCOMBE DR		tate	Zip Code	Тм	D	Тү	Amount	-	
City		H	43016	019	1 .	1 .	1	250.00	
DUBLIN	10	O H 43016				Registration Number, if PAC			
Full Name of Contributor				I/CR1211	acton 140	111001, 11 1			
DAVID E HOLLIDAY	i-	Fundamental Asha Oscarization					Form (Cash, C	heck_etc.)	
Street Address	Employer/Occupation/Labor Organization*						CHECK		
9058 KILDOON CT					M D Y Amount			`	
City		tate	Zip Code	1 .	I .		1	250.00	
DUBLIN	0	H	43017	0 9			the name of the	ZJU.UU	

* 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 \$ 1,350.00