

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MARILEE									
Full Name of Contributor WARREN E FISHMAN						Registration Number, if PAC			
Street Address 8577 TURNBERRY CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 100.00
Full Name of Contributor J DALE BRUBECK						Registration Number, if PAC			
Street Address 6630 PLESENTON DR W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O H	Zip Code 43085	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 100.00
Full Name of Contributor GERRY N BIRD						Registration Number, if PAC			
Street Address P O BOX 3274			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 100.00
Full Name of Contributor JOEL R CAMPBELL						Registration Number, if PAC			
Street Address 575 S THIRD ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 100.00
Full Name of Contributor PAULA L BROOKS						Registration Number, if PAC			
Street Address 4585 BENDERTON CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 200.00
Full Name of Contributor CAP CLEGG						Registration Number, if PAC			
Street Address 5334 MC GINTY CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 250.00
Full Name of Contributor LAWRENCE A LAUDICK						Registration Number, if PAC			
Street Address 10700 WINCHCOMBE DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 250.00
Full Name of Contributor DAVID E HOLLIDAY						Registration Number, if PAC			
Street Address 9058 KILDOON CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 9	Y 3	Y 0	Y 1	Y 1	Amount 250.00

* 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