Page 2	
1 wg0 <u>22</u>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

							· · · · ·	
Name of Committee in Full								
CITIZENS FOR MARILEE							***	
Full Name of Contributor				Registrat	ion Num	ber, if PA	C	
JAMES A FRAZIER								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check	, etc.)
8777 SWEETWATER CT							CHECK	
City	Stat	е	Zip Code	М	D	Y	Amount	
POWELL		Н	43065	019	3 0	1 1		50.00
Full Name of Contributor						ber, if PA	.C	
RICHARD C WEBER								
Street Address	Employer/	/Occupa	tion/Labor Organization*				Form (Cash, Check	c, etc.)
185 S RIVERVIEW ST			•				CHECK	
City	Stat	e	Zip Code	М	D	Y	Amount	
DUBLIN		H	43017	0 9	310	1 1 1		50.00
Full Name of Contributor			1001/			ber, if PA	C.	
						,		
MARGARET E BUTLER	Employer	/Occups	ntion/Labor Organization*				Form (Cash, Check	c, etc.)
Street Address	Employer	, occups	months of Gamzanon				CHECK	,
5714 HADDINGTON DR	Sta	to.	Zip Code	М	D	ΓY	Amount	
City		te H	1 '		l	111	, anomi	50.00
DUBLIN	0	11	43017	0 9		ber, if PA	<u>.                                    </u>	50.00
Full Name of Contributor				Kegistra	uon Nun	ioei, II P	10	
WILLIAM HINTON JR	I <sub></sub> ?	-10					Form (Cash, Chec	k etc.)
Street Address	Employer	Employer/Occupation/Labor Organization*						K, ¢(U.)
5538 CARNOUSTIE CT			I	1		1 17	CHECK	
City	Sta		Zip Code	M	D	Y	Amount	F0 00
DUBLIN		H	43017		3 0		<u> </u>	50.00
Full Name of Contributor				Registra	tion Nun	iber, if PA	AC	
DIANNE P BEALL								<del></del>
Street Address	Employer	r/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
5828 BARONSCOURT WAY							CHECK	
City	Sta		Zip Code	М	D	Ÿ	Amount	
DUBLIN		Н	43016			111		<u>5</u> 0.00
Full Name of Contributor				Registra	ation Nur	nber, if P	AC	
DENISE FRANTZ KING								
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
170 S RIVERVIEW ST							CHECK	
City	Str	ate	Zip Code	М	D	Y	Amount	
DUBLIN		Н	43017	0 9	310	111	<u> </u>	50.00
Full Name of Contributor			<u>.                                    </u>			nber, if P		
G GREGORY MARQUIS				1				
Street Address	Employe	r/Occup	nation/Labor Organization*	-			Form (Cash, Chee	ck, etc.)
7319 ROYCROFT CT							CHECK	
City	St	ate	Zip Code	М	D	Y	Amount	
DUBLIN	l o "	H	43017		1316	11	1	50.00
Full Name of Contributor			1.002.			mber, if P		
MICHAEL E KEHOE						*		
Street Address	Employe	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
7659 WALLSEND CT	Linploy	Employ of Occupantion Succession				CHECK		
City		ate	Zip Code	М	D	Y	Amount	
1 -	o	H	43017	0 9	1 .			50.00
DUBLIN	10	1 11	1 43017	1019	1010	_	the name of the	50.00

\* 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 \$ 400.00