

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-------------------|---------------|---|---------------|---------------|--|-------------------------|
| Name of Committee in Full CITIZENS FOR MARILEE | | | | | | | |
| Full Name of Contributor JOEY WILLIAMSON | | | | | | Registration Number, if PAC | |
| Street Address 5907 BARONSCOURT | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CASH | |
| City SDUBLIN | State O | H H | Zip Code 43016 | M 1 | D 0 | Y 1 | Amount 50.00 |
| Full Name of Contributor JUDITH H COGGIN | | | | | | Registration Number, if PAC | |
| Street Address 6165 DUBLIN RD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O | H H | Zip Code 43017 | M 1 | D 0 | Y 1 | Amount 25.00 |
| Full Name of Contributor JANET A THATCHER -DAVIDS | | | | | | Registration Number, if PAC | |
| Street Address 74 WOODSTONE WAY | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City CANTON | State N | C C | Zip Code 28716 | M 1 | D 0 | Y 1 | Amount 100.00 |
| Full Name of Contributor BENJAMIN W HALE JR | | | | | | Registration Number, if PAC | |
| Street Address 7504 PHELPS CLOSE | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City NEW ALBANY | State O | H H | Zip Code 43054 | M 1 | D 0 | Y 1 | Amount 200.00 |
| Full Name of Contributor JANIE E BAILEY | | | | | | Registration Number, if PAC | |
| Street Address 4231 WYANDOTTE WOODS BLVD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O | H H | Zip Code 43016 | M 1 | D 0 | Y 1 | Amount 100.00 |
| Full Name of Contributor BARBARA BENHAM | | | | | | Registration Number, if PAC | |
| Street Address 5193 BRANDON WAY CT | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City DUBLIN | State O | H H | Zip Code 43017 | M 1 | D 0 | Y 1 | Amount 50.00 |
| Full Name of Contributor IDA L COPENHAVER GINTER | | | | | | Registration Number, if PAC | |
| Street Address 2448 EDINGTON RD | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State O | H H | Zip Code 43221 | M 1 | D 0 | Y 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 |

* 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)]