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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								1		
CITIZENS FOR MARILEE	OR MARILEE					Registration Number, if PAC				
Full Name of Contributor				Registrati	ion Numb	er, if PAC	j.			
JOEY WILLIA MSON						-				
Street Address	Employe	r/Occup	ation/Labor Organization*			l ^E	Form (Cash, Che	ck, etc.)		
5907 BARONSCOURT							CASH			
City	Sta	ate	Zip Code	М	D	Y	Amount			
SDUBLIN	0	H	43016	$1 \mid 0$	2 0	1 1		50.00		
Full Name of Contributor				Registrat	ion Num	рег, if PAC	0			
JUDITH H COGGIN										
Street Address	Employe	т/Оссир	ation/Labor Organization*				Form (Cash, Che	ck, etc.)		
6165 DUBLIN RD						l	CHECK			
City	St	ate	Zip Code	М	D	Y.	Amount			
DUBLIN	10	Н	43017	110	210	1 1		25.00		
Full Name of Contributor			10027			ber, if PA	С			
JANET A THATCHER -DAVIDS										
	Employe	er/Occur	oation/Labor Organization*				Form (Cash, Che	ck, etc.)		
Street Address	Za.p.o,	on o e r					CHECK			
74 WOODSTONE WAY		tate	Zip Code	М	D	Y	Amount			
City	N	1 (28716		210	1 1		100.00		
CANTON	IN		20710			ber, if PA	.C			
Full Name of Contributor				Ttugana		,				
BANJAMIN W HALE JR	Īp1	/0	nation/I abor Organization*	_		- 1	Form (Cash, Che	eck, etc.)		
Street Address	Employer/Occupation/Labor Organization*			l'			CHECK			
7504 PHELPS CLOSE			Ta: 0.1	Тм	D	ΙΥ	Amount			
City	1 _	tate	Zíp Code	_ ·	1 .		Antount	200.00		
NEW ALBANY	10	H	43054		<u> 2 0</u>			200.00		
Full Name of Contributor				Registra	ation Nun	iber, if PA	C			
JANIE E BAILEY							Ta (0) 81	-1		
Street Address	Employ	er/Occu	pation/Labor Organization*				Form (Cash, Ch			
4231 WYANDOTTE WOODS BLVD	<u> </u>						CHECK			
City	S	tate	Zip Code	М	D	Y	Amount	400.00		
DUBLIN		<u>H</u>	43016		20		<u> </u>	100.00		
Full Name of Contributor			· ·	Registr	ation Nur	nber, if PA	AC			
BARBARA BENHAM										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
5193 BRANDON WAY CT	Ì						CHECK	<u> </u>		
City	 	State	Zip Code	М	D	Y	Amount			
DUBLIN	10	H	43017	1 0) 2 C	1 1		50.00		
Full Name of Contributor						mber, if Pa				
IDA L COPENHAVER GINTER				1						
Street Address	Emplo	yer/Occ	upation/Labor Organization*				Form (Cash, Cl	neck, etc.)		
2448 EDINGTON RD	1	-					CHECK	<		
		State	Zip Code	М	Q	Y	Amount			
COLUMBIC	0	i H	1 -	1110	0 2 10	1 1	.	50.00		
COLUMBUS Full Name of Contributor			10221			mber, if P	AC			
Little Marie of Contributor				١						
G. Address	Emple	ver/Occ	rupation/Labor Organization*		_			heck, etc.)		
Street Address	Link	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	abanan manar AtBananan				1			
		State	Zip Code	М	D	Y	Amount			
City			J., 5555							
		Щ.	70 . 3 . 5 . 3	14	ha conun	ntion and t	the 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 \$ 575.00