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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
CITIZENS FOR MARILEE									
Full Name of Contributor				Registrati	on Numb	er, if PA(2	ł	
TERRENCE W LYDEN				<u></u>					
Street Address	Employer/0	Occupat	tion/Labor Organization*				Form (Cash, Chec	k, etc.)	
6347 MEMORIAL DR							CHECK	<u> </u>	
City	State	- 1	Zip Code	М	D	Y.	Amount		
DUBLIN		H	43017	019	3 0	1 1		100.00	
Full Name of Contributor				Registrat		er, if PA	0		
CHARLES L STEIN									
Street Address	Employer/0	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
5647 PRESTON MILL WAY								CHECK	
	State		Zip Code	М	D	Y	Amount		
City	0	H	43017	0 9	310	1 1		100.00	
DUBLIN	101		45017			ber, if PA	С		
Full Name of Contributor									
DWIGHT W SEELEY	Employer/	Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
Street Address	Employer	Employer/Occupation/Labor Organization			CHECK			, ,	
4990 DONEGAL CLIFFS DR	Stat		Zip Code	Тм	D	Y	Amount		
City	State	eН	43017		3 0			100.00	
DUBLIN	0	11	43017			ber, if PA		100.00	
Full Name of Contributor				Kegisua	don Mun	ber, ir i A			
GREGORY S PETERSON	I						Form (Cash, Che	ok etc.)	
Street Address	Employer/	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK				
7300 PENNEYROYAL PLACE				1		1 5.			
City	Stat		Zip Code	M	D	Y	Amount	100.00	
DUBLIN	0	H	43017		3 0		<u> </u>	100.00	
Full Name of Contributor				Registra	tion Nur	ber, if PA	AC .		
CHRISTOPHER T CLINE								, ,	
Street Address	Employer	/Occup	ation/Labor Organization*				Form (Cash, Che		
6060 POST RD							CHECK	·	
City	Sta		Zip Code	M	D	Y	Amount	400.00	
DUBLIN	01	H	43017		310			100.00	
Full Name of Contributor				Registr	ation Nur	nber, if Pa	AC		
ROGER A MURPHY			_					·	
Street Address	Employer	г/Оссц	oation/Labor Organization*				Form (Cash, Ch		
6027 GLENBARR PLACE	!						CHECK		
City	Sta	ate	Zip Code	M	D	Y	Amount		
DUBLIN		Н	43017	0 9	310	1 1		100.00	
Full Name of Contributor				Registr	ation Nu	nber, if P	AC		
DENNIS J HOFFER									
Street Address	Employe	r/Occu	pation/Labor Organization*				Form (Cash, Ch	ieck, etc.)	
8219 CAMPDEN LAKES BLVD					CHECK				
City	Sta	ate	Zip Code	М	D	Y	Amount		
	0	Н	43016	019	3 3 6	1 1		100.00	
DUBL;IN Full Name of Contributor		<u> </u>	10010			mber, if F	AC		
TEFFREY HOLOWICKI				1					
	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Cl	heck, etc.)	
Street Address	[Billipio Jen Occopation Bases - 4-B-marron					CHECK		
6810 STILLHOUSE LANE		ate	Zip Code	М	D	Ϋ́	Amount		
City	0	⊩H	·		9 3 (1 ,	l .	100.00	
DUBLIN	10		45010			, –			

* 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 \$ 800.00