

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR MARILEE									
Full Name of Contributor TERRENCE W LYDEN							Registration Number, if PAC		
Street Address 6347 MEMORIAL DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor CHARLES L STEIN							Registration Number, if PAC		
Street Address 5647 PRESTON MILL WAY				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor DWIGHT W SEELEY							Registration Number, if PAC		
Street Address 4990 DONEGAL CLIFFS DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor GREGORY S PETERSON							Registration Number, if PAC		
Street Address 7300 PENNEYROYAL PLACE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor CHRISTOPHER T CLINE							Registration Number, if PAC		
Street Address 6060 POST RD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor ROGER A MURPHY							Registration Number, if PAC		
Street Address 6027 GLENBARR PLACE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor DENNIS J HOFFER							Registration Number, if PAC		
Street Address 8219 CAMPDEN LAKES BLVD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43016		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor JEFFREY J HOLOWICKI							Registration Number, if PAC		
Street Address 6810 STILLHOUSE LANE				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43016		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	

* 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)]