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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				Registration Number, if PAC					
			1						
MARY C SLANE	Employar/Occus	oation/Labor Organization*				Form (Cash	ı, Check, etc.)		
Street Address 5657 FAWNBROOK LANE	Employer/Occup					CHE			
City	State	Zip Code	M	D	Y	Amount			
DUBLIN	IOIH	43017	1 1 1	0\5			100. <u>00</u>		
Full Name of Contributor			Registrat	ion Num	ber, if l	PAC			
ASRIEL C STRIP									
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash	ı, Check, etc.)		
5482 ARYSHIRE DR						CHE	CK		
City	State	Zip Code	М	D	Y	Amount			
DUBLIN O	OTH	43017	$1 \mid 1 \mid 1$	015	11	1 1	50.00		
	1012	40017	Registra				50.00		
Full Name of Contributor			registiz.						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cas	h, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
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Full Name of Contributor			Registra	tion Nur	iber, if	PAC	-		
			l l						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cas	h, Check, etc.)		
Bucce Admics						1			
Cit.	State	Zip Code	M	q	Y	Amount			
City	Jiaic	In code							
			Registra	tion Nun	nber if	PAC			
Full Name of Contributor			Trog.sau		,				
Street Address	Employer/Occupation/Labor Organization* For			Form (Cas	h, Check, etc.)				
·	' '					1			
City	State	Zip Code	М	D	Y	Amount			
City			1		1 1	İ			
200			Registra	ation Nur	nher if	PAC.			
Full Name of Contributor			Kegisu.						
Street Address Employer/Occupation/Labor Organization*						Form (Ca	sh, Check, etc.)		
Street Address	Employen	priivit batti tigaa				`	,		
	State	Zip Code	M	D	Y	Amount			
City	State	Zip Code	"			1 0			
		<u> </u>	D	tion Nu	mbar it	PAC .			
Full Name of Contributor			Registr	anon iyu	illoct, li	TAC			
Street Address	Employer/Occ	upation/Labor Organization*				Form (Ca	sh, Check, etc.)		
	,	- ~							
City	State	Zip Code	М	D	Y	Amount			
				\perp					
Full Name of Contributor			Registr	ation Nu	mber, i	f PAC			
	_ 			-		F (C	ah Charle \		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			ын, Спеск, егс.)				
						—			
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)]

Page Total \$	150.00