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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
CITIZENS FOR MARILEE			
Name of Contributor Registration		Registration Number, if PA	C
SHARON P ZIMMERS			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
8864 NAIRN CT			CHECK
City	State Zip Code	M D Y	Amount
DUBLIN	O H 43017	0 9 3 0 1 1	50.00
Full Name of Contributor		Registration Number, if PA	C
DEBORAH S SHEPPARD			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5880 LEVEN LINKS CT			CHECK
City	State Zip Code	M D Y	Amount
-	O H 43017	0 9 3 0 1 1	50.00
DUBLIN Full Name of Contributor	45017	Registration Number, if PA	
		, , , , , , , , , , , , , , , , , , , ,	
MICHAEL A FLACK	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Emproyer/Occupation/Labor Organization		CHECK
150 E MAIN ST	Contract Code	M D Y	Amount
City	State Zip Code O H 43215	1 " 1 " 1 .	50.00
COLUMBUS	O H 43215	0 9 3 0 1 1 Registration Number, if PA	
Full Name of Contributor		Registration Number, if PA	AC
MARGARET E BUTLER			Francisco (Cook Charle etc.)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5714 HADDINGTON DR			CHECK
City	State Zip Code	M D Y	Amount
DUBLIN	O H 43017	0 9 3 0 1 1	
Full Name of Contributor		Registration Number, if P.	AC
JULIE E RINALDI			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7811 RIVERSIDE DR			CHECK
City	State Zip Code	M D Y	Amount
DUBLIN	O H 43016	0 9 3 0 1 1	100.00_
Full Name of Contributor		Registration Number, if P	AC
CHARLOTTE L IMMKE			
Street Address	Employer/Occupation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
8958 LEA CT			CHECK
City	State Zip Code	M D Y	Amount
DUBLIN	O H 43017	0 9 3 0 1 1	100.00
Full Name of Contributor	101, 1201,	Registration Number, if P	AC
DONALD W DWYER			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
8978 LEA CT			CHECK
	State Zip Code	M D Y	Amount
City	O H 43017	0 9 3 0 1 1	100.00
DUBLIN	0 11 43017	Registration Number, if I	
Full Name of Contributor			
RICHARD E MALIR	Employer/Occupation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
Street Address	ishipioyen Occupation Baoor Organization		CHECK
4967 GALWAY DR	State Zip Code	M D Y	Amount
City	1 1 .	0 9 3 0 1	
DUBLIN	1 1001.	femployed the occupation and	

* 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 \$ 600.00