

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR MARILEE</b>							
Full Name of Contributor <b>SHARON P ZIMMERS</b>						Registration Number, if PAC	
Street Address <b>8864 NAIRN CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>50.00</b>
Full Name of Contributor <b>DEBORAH S SHEPPARD</b>						Registration Number, if PAC	
Street Address <b>5880 LEVEN LINKS CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>50.00</b>
Full Name of Contributor <b>MICHAEL A FLACK</b>						Registration Number, if PAC	
Street Address <b>150 E MAIN ST</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>50.00</b>
Full Name of Contributor <b>MARGARET E BUTLER</b>						Registration Number, if PAC	
Street Address <b>5714 HADDINGTON DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>50.00</b>
Full Name of Contributor <b>JULIE E RINALDI</b>						Registration Number, if PAC	
Street Address <b>7811 RIVERSIDE DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>100.00</b>
Full Name of Contributor <b>CHARLOTTE L IMMKE</b>						Registration Number, if PAC	
Street Address <b>8958 LEA CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>100.00</b>
Full Name of Contributor <b>DONALD W DWYER</b>						Registration Number, if PAC	
Street Address <b>8978 LEA CT</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>100.00</b>
Full Name of Contributor <b>RICHARD E MALIR</b>						Registration Number, if PAC	
Street Address <b>4967 GALWAY DR</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>DUBLIN</b>	State <b>O   H</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>3   0</b>	Amount <b>1   1</b>	<b>100.00</b>

\* 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)]