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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						<u> </u>		
CITZENS FOR MARK NOBLE								
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	ition Num	ıber, if PA			
THOMAS BOLLAND			, vegaare					
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
191 W WOODRUFF AVE	OSU / F				BANK/CC			
City COLUMN APPLIC	State	Zip Code	M	D	Y	Amount		
COLUMBUS Full Name of Contributor	O H	43210			1 3	25.00		
DAN MCCABE			Registra	ttion Num	ber, if PA	С		
Street Address	Employer/Occup				Form (Cash, Check, etc.)			
841 PINEWAY DR	FEDEX				BANK/CC			
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	0 H	43085	112	3 1	1 3	50.00		
Full Name of Contributor	Registration Number, if PA					С		
PADHRAIG MACUIDHIR Street Address	In: 1 .//	ation/Labor Organization*						
11.					Form (Cash, Check, etc.)			
1457 E MAIN ST	State	KMI INC. / SE State Zip Code			ΤΥ	BANK/CC		
COLUMBUS	OH	43205	M 1 1 2	3 1	113	50.00		
Full Name of Contributor	<u> </u>	1 40200			ber, if PA			
Street Address	Employer/Occupation/Labor Organization*				-	Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
			<u> </u>					
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		Territoria	1					
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	c		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
				1				
Full Name of Contributor Registration Number, if PA						c ·		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	Đ	Y	Amount		
Full Name of Contributor Registration Number, if PA						C		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	Zip Code	M	D 	Y	Amount		
and the second s		datas If contributor is salf arms	larrad ska			aCaba		

* 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 \$ 125.00