31-A							
R.C. 3517	10						

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown	· ·		<del></del> -		
Full Name of Contributor Patrick J Gannon		······································	Registration Nu	imber, if PAC	
Street Address 15 Spring Creek Dr.	Employer/Occu	upation/Labor Organization*			orm (Cash, Check, etc.)
City Westerville	State OH	Zip Code 43081	0 3 2 1	1 : 1 -	mount
Full Name of Contributor  Committee for Emily Kraider, Times	Harridge Trace		Registration Nu	ımber, if PAC	<del>.</del>
Committee for Emily Kreider, Timot Street Address	<del></del>	pation/Labor Organization*		Fe	orm (Cash, Check, etc.)
121 Triesta	Employed Occu	pation/Lagor Organization		cl	
City	State	Zip Code	M D	Y Ar	mount
Westerville	OH	43061	0322		1,000.00
Full Name of Contributor Sanford Brown		Registration Number, if PA			
Street Address 1327 E. Miner Rd.	Employer/Occur	pation/Labor Organization*			orm (Cash, Check, etc.)
City  Maylield Heights	State OH	Zip Code 44124	0 4 0 1	Y Ar	nount \$500.00
Full Name of Contributor			Registration Nu	mber, if PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			rm (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y An	nount
Full Name of Contributor			Registration Nur	mber, if PAC	-
Street Address	Employer/Occuş	Employer/Occupation/Labor Organization*		Fo	rm (Cash, Check, etc.)
City	State	Zip Code	M D	Y An	nount
	OH OH				100116
Full Name of Contributor			Registration Nur	nber, if PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		For	rm (Cash, Check, etc.)
City	State OH	Zip Code	MD	Y Am	ıount
Full Name of Contributor			Registration Nun	nber, if PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		For	rm (Cash, Check, etc.)
City	State	Zip Code	M D	Y Am	ount
Full Name of Contributor	OH		Designation Num	· PAR	
			Registration Nun	aber, if PAC	
Street Address	Employer/Occup	oation/Labor Organization*		For	m (Cash, Check, etc.)
City	State OH	Zip Code	M D	Y Am	ount

<sup>\*</sup> 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 also appear. [R.C. 3517.10(B)(4)]