

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>									
Full Name of Contributor <b>Patrick J Gannon</b>						Registration Number, if PAC			
Street Address <b>15 Spring Creek Dr.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Committee for Emily Kreider, Timothy J Kreider, Treasurer</b>						Registration Number, if PAC			
Street Address <b>121 Trieste</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>2</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Sanford Brown</b>						Registration Number, if PAC			
Street Address <b>1327 E. Minor Rd.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Mayfield Heights</b>		State <b>OH</b>	Zip Code <b>44124</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	Y <b>1</b>	Amount <b>\$500.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,550.00**