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R.	C.	35	17	.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

A				•				
Name of Committee in Full								
Friends of Marilyn Brown				la t				
Full Name of Contributor					Registration Number, if PAC			
James Brown								
Street Address	Employer/Occupation/Labor Organization*		ation/Labor Organization*				Form (Cash, Check, etc.)	
5305 Courtney Place			T.				Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43235	1 0	1 8	0 6		100.00
Full Name of Contributor				Registra	tion Nun	ber, if PA	.C	
Cynthia Tate								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Ch	eck, etc.)
241 Perth Drive				:			Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Dublin	101	Н	43017	1 0	2 0	0 6		250.00
Full Name of Contributor			<u></u>	Registration Number, if PAC				
Friends of Armound Budish				ľ		·		
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
3599 Macdonald Circle	Limpioye	17 Остара	mon Lubor Organization				Check	
City	Sta	nto	Zip Code	M D Y			Amount	
Richfield		H H	44286	1 .	l .		Allount	200.00
the state of the s	U	11	44200	10		0 6 ber, if PA		200.00
Full Name of Contributor				Registra	tion ivum	iber, ii PA	· ·	•
Kevin Hairston	In .	10					-	
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
215 Maybank Court							Check	
City	Sta		Zip Code	М	D	Y	Amount	
Gahanna	О	H	43230	1 0	2 2			100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
John Wells								
Street Address	Employer/Occupation/Labor Organization*		·		Form (Cash, Check, etc.)			
464 Torence Road	1						Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43214	1 0	2 4	0 6		50.00
Full Name of Contributor				Registra		ber, if PA	C	***************************************
William DeMora								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
100 Warren Street							Check	
City	Sta	nte	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215			0 6		50.00
Full Name of Contributor	10		10210			ber, if PA		00.00
Dilip Karpoor				Подізни	.1011 1 (4111	001, 11 1 1 1	O	ĺ
	Employer	elOoouno:	tion/Labor Organization*	<u></u>		₁	Form (Cook Cho	als ata \
Street Address	Employer/Occupation/Labor Organization*		i			Form (Cash, Check, etc.)		
656 Thurber Drive W	- a.	:	(a. o. l	1		1 77	Check	
City	Sta		Zip Code	M	D	Y	Amount	25 00
Columbus	0	Н	43215	1 0	2 6			25.00
Full Name of Contributor Registration Number, if PAC								
Anthony Hull								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
317 E Kossuth	<u> </u>					[Check	
City	Sta	ite	Zip Code	M	D	Y.	Amount	
Columbus	0	Н	43206	1 0	2 6	0 6		100.00

* 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 \$ 875.00