

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor James Brown					Registration Number, if PAC		
Street Address 5305 Courtney Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1 0	D 1 8	Y 0 6	Amount 100.00	
Full Name of Contributor Cynthia Tate					Registration Number, if PAC		
Street Address 241 Perth Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1 0	D 2 0	Y 0 6	Amount 250.00	
Full Name of Contributor Friends of Armand Budish					Registration Number, if PAC		
Street Address 3599 Macdonald Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Richfield	State O H	Zip Code 44286	M 1 0	D 2 1	Y 0 6	Amount 200.00	
Full Name of Contributor Kevin Hairston					Registration Number, if PAC		
Street Address 215 Maybank Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 2 2	Y 0 6	Amount 100.00	
Full Name of Contributor John Wells					Registration Number, if PAC		
Street Address 464 Torence Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 2 4	Y 0 6	Amount 50.00	
Full Name of Contributor William DeMora					Registration Number, if PAC		
Street Address 100 Warren Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 5	Y 0 6	Amount 50.00	
Full Name of Contributor Dilip Karpoor					Registration Number, if PAC		
Street Address 656 Thurber Drive W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 6	Y 0 6	Amount 25.00	
Full Name of Contributor Anthony Hull					Registration Number, if PAC		
Street Address 317 E Kossuth		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1 0	D 2 6	Y 0 6	Amount 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