

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor <b>Vorys Sater Seymour and Pease LLP</b>					Registration Number, if PAC <b>OH109</b>		
Street Address <b>52 E. Gay St., P.O. Box 1008</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Ck</b>		
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43215</b>	M <b>0   7</b>	D <b>2   5</b>	Y <b>0   6</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Teresa m. Bierdeman</b>					Registration Number, if PAC		
Street Address <b>1333 Doten Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43212</b>	M <b>0   7</b>	D <b>1   5</b>	Y <b>0   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>I.B.E.W.-C.O.P.E.</b>					Registration Number, if PAC		
Street Address <b>900 Seventh St. NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Washington</b>	State <b>D   C</b>	Zip Code <b>20001</b>	M <b>0   8</b>	D <b>0   1</b>	Y <b>0   6</b>	Amount <b>1,500.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor <b>Nancy A Fuerst</b>					Registration Number, if PAC		
Street Address <b>2916 Fairmount Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Cleveland Hts</b>	State <b>O   h</b>	Zip Code <b>44118</b>	M <b>0   8</b>	D <b>1   9</b>	Y <b>0   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Ruth Ellen Palmer</b>					Registration Number, if PAC		
Street Address <b>3004 Pleasantville Rd., Nw., Rt. 2</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Carroll</b>	State <b>O   h</b>	Zip Code <b>43112</b>	M <b>0   8</b>	D <b>0   7</b>	Y <b>0   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>William L. Shelby</b>					Registration Number, if PAC		
Street Address <b>4975 Condit Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>ck</b>		
City <b>Sunbury</b>	State <b>O   h</b>	Zip Code <b>43074</b>	M <b>0   7</b>	D <b>3   1</b>	Y <b>0   6</b>	Amount <b>250.00</b>	

\* 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 \$ 2,550.00