

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Troy Markham						
Full Name of Contributor James Aronoff				Registration Number, if PAC		
Street Address 3142 Somerset Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Shaker Heights	State OH	Zip Code 44122	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Jonathan Feibel				Registration Number, if PAC		
Street Address 218 N. Parkview Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor Babette A. Feibel				Registration Number, if PAC		
Street Address 6025 Whitman Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43213	M 1	D 0	Y 2	Amount \$100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	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 **\$300.00**