

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown									
Full Name of Contributor The Columbus Group						Registration Number, if PAC			
Street Address 500 S Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 1	D 1	Y 0	Amount 1,000.00		
Full Name of Contributor Javier Armengau						Registration Number, if PAC			
Street Address 857 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43206	M 1	D 1	Y 0	Amount 250.00		
Full Name of Contributor Frances Goldbert						Registration Number, if PAC			
Street Address 3260 Falbo			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Lorain	State O	H H	Zip Code 44052	M 1	D 1	Y 0	Amount 50.00		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	H	Zip Code	M	D	Y	Amount		
Full Name of Contributor Benjamin Weiner						Registration Number, if PAC			
Street Address 918 Harrison			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O	H H	Zip Code 43215	M 1	D 1	Y 0	Amount 23.97		
Full Name of Contributor David Samuelson						Registration Number, if PAC			
Street Address 547 Braxton Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Westerville	State O	H H	Zip Code 43081	M 1	D 1	Y 0	Amount 48.25		
Full Name of Contributor Jill Mitrey						Registration Number, if PAC			
Street Address 339 Woodbridge Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Richmond	State O	H H	Zip Code 44143	M 1	D 1	Y 0	Amount 23.97		
Full Name of Contributor Robert Stabile						Registration Number, if PAC			
Street Address 3668 Saybrook Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bonita Springs	State F	L L	Zip Code 34134	M 1	D 1	Y 0	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 \$ 1,496.19