

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown									
Full Name of Contributor Patrick J. Gannon						Registration Number, if PAC			
Street Address 15 Spring Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State O H	Zip Code 43081		M 0 5	D 2 2	Y 0 6	Amount 50.00	
Full Name of Contributor Stephen I. Nacht						Registration Number, if PAC			
Street Address 438 Beecher Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State O H	Zip Code 43230		M 0 6	D 0 1	Y 0 6	Amount 100.00	
Full Name of Contributor Nancy K. Wonnell						Registration Number, if PAC			
Street Address 330 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 0 5	D 3 0	Y 0 6	Amount 100.00	
Full Name of Contributor Christopher T. Cicero						Registration Number, if PAC			
Street Address 1308 W Mound Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43223		M 0 5	D 3 0	Y 0 6	Amount 100.00	
Full Name of Contributor Paul F. Ward						Registration Number, if PAC			
Street Address 199 S. Fifth Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 0 5	D 3 1	Y 0 6	Amount 25.00	
Full Name of Contributor Sandra Clary Shutt						Registration Number, if PAC			
Street Address 801 Crestway Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43235		M 0 6	D 0 3	Y 0 6	Amount 25.00	
Full Name of Contributor Charles G. McGrath						Registration Number, if PAC			
Street Address 1358 Rosehill Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State O H	Zip Code 43068		M 0 5	D 2 5	Y 0 6	Amount 25.00	
Full Name of Contributor Karla Hedman Trott						Registration Number, if PAC			
Street Address 2005 Waltham Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43221		M 0 5	D 3 1	Y 0 6	Amount 25.00	

* 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)]