

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown						
Full Name of Contributor Cynthia Ruccia				Registration Number, if PAC		
Street Address 1036 Grandon Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$35.00
Full Name of Contributor Albert Gabel				Registration Number, if PAC		
Street Address 7190 Coffman road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 0	D 8	Y 2	Amount \$25.00
Full Name of Contributor Beryl Piccolantonio				Registration Number, if PAC		
Street Address 742 McDonell Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 2	Amount \$25.00
Full Name of Contributor Lynn Taylor				Registration Number, if PAC		
Street Address 2470 Dorset Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43221	M 0	D 8	Y 2	Amount \$25.00
Full Name of Contributor Laborers International Local 423				Registration Number, if PAC LA 912		
Street Address 620 Alum Creek Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 8	Y 2	Amount \$500.00
Full Name of Contributor Carl Faller				Registration Number, if PAC		
Street Address 938 City Park Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 0	D 8	Y 3	Amount \$300.00
Full Name of Contributor Cornelia Hodgson				Registration Number, if PAC		
Street Address 23511 Chagrin Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Beachwood	State OH	Zip Code 44122	M 0	D 8	Y 3	Amount \$500.00
Full Name of Contributor M/I Homes				Registration Number, if PAC CP1203		
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code	M 0	D 8	Y 3	Amount \$1,000.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$2,410.00**