

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Fellows									
Full Name of Contributor Dr. Glyde Marsh						Registration Number, if PAC			
Street Address 3449 N New Albany-Reynoldsburg Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH		Zip Code 43054		M 1	D 2	Y 0	Amount 620.17
Full Name of Contributor Colleen Briscoe						Registration Number, if PAC			
Street Address 7582 S. Goodrich Square			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH		Zip Code 43054		M 1	D 2	Y 0	Amount 557.60
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						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						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						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						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						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						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,177.77