

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|--|--------------------|---|---------------|---------------|--|-----------------------------|--|
| Name of Committee in Full Friends of Marilyn Brown | | | | | | | |
| Full Name of Contributor Philip Rasor | | | | | Registration Number, if PAC | | |
| Street Address 4265 Reedbury Ln | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 1 | D 0 | Y 1 | Amount \$100.00 | |
| Full Name of Contributor Patricia Carey | | | | | Registration Number, if PAC | | |
| Street Address 3830 Claridge Oval | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City University Heights | State OH | Zip Code 44118 | M 1 | D 0 | Y 2 | Amount \$96.80 | |
| Full Name of Contributor Robert Harman | | | | | Registration Number, if PAC | | |
| Street Address 3160 Herrick Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Columbus | State OH | Zip Code 43221 | M 1 | D 0 | Y 2 | Amount \$57.96 | |
| Full Name of Contributor Kenneth Spalthoff | | | | | Registration Number, if PAC | | |
| Street Address 716 Manor Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Credit Card | | |
| City Brick | State NJ | Zip Code 08723 | M 1 | D 0 | Y 2 | Amount \$19.12 | |
| Full Name of Contributor Carpenter and Lipps LLP | | | | | Registration Number, if PAC | | |
| Street Address 280 North High Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43215 | M 1 | D 0 | Y 1 | Amount \$1,000.00 | |
| Full Name of Contributor Sara Garnes | | | | | Registration Number, if PAC | | |
| Street Address 156 Deland Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43214 | M 1 | D 0 | Y 1 | Amount \$20.00 | |
| Full Name of Contributor The Oxley Group | | | | | Registration Number, if PAC | | |
| Street Address 523 South Third Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43215 | M 1 | D 0 | Y 1 | Amount \$100.00 | |
| Full Name of Contributor James Elliott | | | | | Registration Number, if PAC | | |
| Street Address 2546 Bexley Park Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Bexley | State OH | Zip Code 43209 | M 1 | D 0 | Y 1 | Amount \$200.00 | |

* 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)]