

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Bradley Frick					Registration Number, if PAC		
Street Address 1265 Neil Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1	D 0	Y 2	Amount 600.00	
Full Name of Contributor Michael Moses					Registration Number, if PAC		
Street Address 330 S High		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Gittes & Schulte					Registration Number, if PAC		
Street Address 723 Oak Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 2	Amount 150.00	
Full Name of Contributor Francis Freise					Registration Number, if PAC		
Street Address 138 Wilbur Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 48.25	
Full Name of Contributor Frank Cipriano					Registration Number, if PAC		
Street Address 39 Whittier		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1	D 0	Y 3	Amount 500.00	
Full Name of Contributor Design Group					Registration Number, if PAC		
Street Address 515 E Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 3	Amount 750.00	
Full Name of Contributor Friends of Peter Lawson Jones					Registration Number, if PAC		
Street Address 21750 Shaker Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Shaker Heights	State O H	Zip Code 44122	M 1	D 0	Y 3	Amount 250.00	
Full Name of Contributor Ryan Jolley					Registration Number, if PAC		
Street Address 160 W 122nd Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City New York	State N Y	Zip Code 10027	M 1	D 1	Y 0	Amount 14.26	

* 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 \$ 2,412.51