31-	A			
R.C.	351	7.	1	0

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

·								
Name of Committee in Full			*					
Friends of Marilyn Brown								
Full Name of Contributor	Re			Registra	Registration Number, if PAC			
Bradley Frick			:	<u>L</u>				
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1265 Neil Ave	1						Check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Columbus		Н	43201	110	2 7	0 6		600.00
Full Name of Contributor	•		•	Registra	tion Num		C	
Michael Moses								
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
330 S High							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	101	Н	43215	1 0	2 7	0 6		100.00
Full Name of Contributor					tion Num		.C	
Gittes & Schulte			:			,		
Street Address	Employe	r/Occupa	ntion/Labor Organization*	<u> </u>			Form (Cash, Che	eck, etc.)
723 Oak Street			,				Check	,,
City	Sta	ite.	Zip Code	M	D	Y	Amount	
Columbus		Н	43205	1 0	2 7			150.00
Full Name of Contributor	Ų į		40200		tion Num		C	100.00
Francis Freise				regiona		001, 11 1 1 1		
Street Address	Employer	:/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Che	ock etc.)
	Limpioyer	/Оссира	monteacon Organization				Credit C	
138 Wilbur Ave	Sta		Zip Code	Тм	D	Y	Amount	Jaru
	0	Н	43215		I .		Amount	48.25
Columbus		11	45215	1 0	2 7 tion Num	0 6	C	40.23
Full Name of Contributor				Registra	tion Num	ber, II PA	C	*
Frank Cipriano	15 (10		<u> </u>			F (G 1 G	1
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
39 Whittier	ļ <u>.</u>		ler e r				Check	
City	Sta		Zip Code	M	D	Y	Amount	5 00.00
Columbus	0	Н	43206		3 0			500.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Design Group								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
515 E Main St			<i>!</i>				Check	
City	Sta		Zip Code	М	D		Amount	*** *********************************
Columbus	0	П	43215		3 0			750.00
Full Name of Contributor				Registra	tion Numl	ber, if PA	С	
Friends of Peter Lawson Jones			· , ,					
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
21750 Shaker Blvd		i					Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Shaker Heights	0	Н	44122	1 0	3 1	0 6		250.00
Full Name of Contributor	•	•		Registra	tion Numl	per, if PA	С	
Ryan Jolley				L.				
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
160 W 122nd Street							Credit C	ard
City	Sta	te	Zip Code	М	D ·	Y	Amount	
New York	N	Y	10027	1 1	0 1	0 6		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)]