

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|------------------------------|---|---------------|---------------|--|-------------------------|--|
| Name of Committee in Full Friends of Marilyn Brown | | | | | | | |
| Full Name of Contributor Paul Fine | | | | | Registration Number, if PAC | | |
| Street Address 100 Fox Hollow, #402 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Mayfield Heights | State O H | Zip Code 44124 | M 0 | D 4 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Milton Kaplan | | | | | Registration Number, if PAC | | |
| Street Address 20668 N Canyon Whisper Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Surprise | State A Z | Zip Code 85387 | M 0 | D 4 | Y 2 | Amount 25.00 | |
| Full Name of Contributor Joseph A. Lo Conti | | | | | Registration Number, if PAC | | |
| Street Address 484 Woodbine Circle | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Mayfield Village | State O H | Zip Code 44143 | M 0 | D 5 | Y 0 | Amount 300.00 | |
| Full Name of Contributor Charles Olimpio | | | | | Registration Number, if PAC | | |
| Street Address 1249 Old Ivy Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Mt Pleasant | State S C | Zip Code 29466 | M 0 | D 5 | Y 0 | Amount 25.00 | |
| Full Name of Contributor Joseph S. Beckman | | | | | Registration Number, if PAC | | |
| Street Address 3104 SW Wimbledon Terrace | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Palm City | State F L | Zip Code 34990 | M 0 | D 5 | Y 0 | Amount 36.00 | |
| Full Name of Contributor Irene P. Kay | | | | | Registration Number, if PAC | | |
| Street Address 1835 Beham Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Mayfield Heights | State O H | Zip Code 44124 | M 0 | D 5 | Y 0 | Amount 25.00 | |
| Full Name of Contributor Michelle Reiner | | | | | Registration Number, if PAC | | |
| Street Address 25050 Woodside Lane | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Beachwood | State O H | Zip Code 44122 | M 0 | D 5 | Y 0 | Amount 50.00 | |
| Full Name of Contributor Anda S. Cook | | | | | Registration Number, if PAC | | |
| Street Address 9801 Lake Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Cleveland | State O H | Zip Code 44102 | M 0 | D 5 | Y 0 | Amount 30.00 | |

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