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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	· · · · · · · · · · · · · · · · · · ·							
Name of Committee in Full								
Friends of Marilyn Brown								
Il Name of Contributor			Registration Number, if PAC					
Paul Fine								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, C	heck, etc.)	
100 Fox Hollow, #402						Check		
City	State	Zip Code	M	D	Y	Amount		
Mayfield Heights	O H	44124	0 4	2 8	0 6		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	vC		
Milton Kaplan								
Street Address	Employer/Occup	oation/Labor Organization*		•		Form (Cash, C	heck, etc.)	
20668 N Canyon Whisper Dr.						Check		
City	State	Zip Code	M	D	Y	Amount		
Surprise	$A \mid Z$	85387	0 4	2 9	0 6		25.00	
Full Name of Contributor		, <u> </u>			ber, if PA	C		
Joseph A. Lo Conti								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
484 Woodbine Circle							Check	
City	State	Zip Code	М	D	Y	Amount		
Mayfield Village	ОН	44143	0 5	0 1	0 6	İ	300.00	
Full Name of Contributor		11110			ber, if PA	C		
Charles Olimpio			ľ					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
1249 Old Ivy Way		Employer cooupation Bacor organization				Check		
City	State	Zip Code	М	D	Y	Amount		
Mt Pleasant	SIC	29466	0 5	0 1	0 6		25.00	
Full Name of Contributor	5 5	27400			ber, if PA	C	20.00	
Joseph S. Beckman			Trog is in					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, C	heck, etc.)	
3104 SW Wimbledon Terrace	Zimpioyen desap					Check	,	
City	State	Zip Code	M	D	Y	Amount		
Palm City	F L	34990	$0 \mid 5$	l .	0 6		36.00	
Full Name of Contributor	1 2	34770			ber, if PA	.C		
Irene P. Kay			Rogistia		,			
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, C	heck etc.)	
1.	Employer/Occup				Check			
1835 Beham Drive	State	Zip Code	М	D	Y	Amount		
Mayfield Heights	O H	44124			0 6		25.00	
Full Name of Contributor	0 11	14124			ber, if PA		20.00	
			Registra	don ivani	oci, ii i i			
Michelle Reiner	E1/Occur	estion/Labor Organization*			1	Form (Cash, C	hack atc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					neck, etc.)	
25050 Woodside Lane	G	191. C. 1.	1 1/		Y	Check Amount		
City	State	Zip Code	M	D		Amount .	E0 00	
Beachwood	O H	44122	0 5	0 3		2	50.00	
Full Name of Contributor			Registra	uon Num	ber, if PA	ı		
Anda S. Cook						D (0.1.5		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
9801 Lake Ave		Tail a .			1. 1:	Check		
City	State	Zip Code	M	D	Y	Amount	00.00	
Cleveland	OH	44102	0 5	$0 \mid 4$	0 6		30.00	

Page Total \$ 541.00

^{*} 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)]