

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Cynthia G. Levine						Registration Number, if PAC	
Street Address 1378 Ranchland			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mayfield Hts		State O H	Zip Code 44124	M 0 5	D 2 4	Y 0 6	Amount 150.00
Full Name of Contributor Jeb Magruder						Registration Number, if PAC	
Street Address 34 W Poplar Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 6	D 0 5	Y 0 6	Amount 200.00
Full Name of Contributor Cornelia C Hodgson						Registration Number, if PAC	
Street Address 23511 Ghagrin Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Beachwood		State O H	Zip Code 44122	M 0 5	D 2 8	Y 0 6	Amount 300.00
Full Name of Contributor Sanborn D. Wood						Registration Number, if PAC	
Street Address 3074 Glenrich Parkway			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43221	M 0 6	D 0 2	Y 0 6	Amount 100.00
Full Name of Contributor Greg Wehrer						Registration Number, if PAC	
Street Address 514 W Third Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H	Zip Code 43201	M 0 6	D 0 1	Y 0 6	Amount 96.80
Full Name of Contributor Anne Blatherwick						Registration Number, if PAC	
Street Address 1386 Bryson Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Columbus		State O H	Zip Code 43224	M 0 6	D 0 4	Y 0 6	Amount 14.26
Full Name of Contributor Marian Harris						Registration Number, if PAC	
Street Address 5145 Holbrook Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43232	M 0 6	D 0 6	Y 0 6	Amount 48.25
Full Name of Contributor Marie Keister						Registration Number, if PAC	
Street Address 7759 Crawley Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin		State O H	Zip Code 43017	M 0 6	D 0 7	Y 0 6	Amount 96.80

* 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 \$ 1,006.11