

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Hazel Marlow-Jones					Registration Number, if PAC		
Street Address 2444 Fishinger		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 1	D 1	Y 0	Amount 48.25	
Full Name of Contributor Robert Weisman					Registration Number, if PAC		
Street Address 7277 Pennroyal Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1	D 1	Y 0	Amount 250.00	
Full Name of Contributor Coleman for Columbus					Registration Number, if PAC		
Street Address 3886 N High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor Committee to Elect Carlton Weddington					Registration Number, if PAC		
Street Address 65 E State Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 100.00	
Full Name of Contributor Nancy Behling					Registration Number, if PAC		
Street Address 163 Charleston Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 2	Amount 35.00	
Full Name of Contributor Craig Myers					Registration Number, if PAC		
Street Address 2480 Water's Edge Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1	D 1	Y 0	Amount 250.00	
Full Name of Contributor Brian Kinzelman					Registration Number, if PAC		
Street Address 4200 Randmore Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 1	D 1	Y 0	Amount 200.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 1,383.25