| 3 | 1- | A  |     |    |
|---|----|----|-----|----|
| R | C. | 35 | 17. | 10 |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

|                                  | 1100011000 05                           | South and State State                   |             |                          |              |                               |
|----------------------------------|---|---|-------------|--------------------------|--------------|-------------------------------|
| Name of Committee in Full        |   |   |             |                          |              |                               |
| Friends of Marilyn Brown         |   |   |             |                          |              |                               |
| Full Name of Contributor         | Registration Number,                    |   | nber, if PA | vC                       |              |                               |
| Contributions from form No. 31-E |   |   |             |                          |              |                               |
| Street Address                   | Employer/Occ                            | upation/Labor Organization*             |             |                          |              | Form (Cash, Check, etc.)      |
|                                  |   |   |             |                          |              |                               |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
|                                  |   |   | 1 2         | 0 6                      | 0 6          | 1,875.00                      |
| Full Name of Contributor         |   |   | Registra    |                          | nber, if PA  |                               |
| Contributions from form No. 31-E |   |   |             |                          |              |                               |
| Street Address                   |   |   |             | Form (Cash, Check, etc.) |              |                               |
| ·                                |   |   |             |                          |              |                               |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
|                                  | 1 1                                     | •                                       | 1 2         | 1   2                    | 0 6          | 12,442.00                     |
| Full Name of Contributor         |   |   |             |                          | ber, if PA   |                               |
|                                  |   |   |             |                          |              |                               |
| Street Address                   | Employer/Occ                            | upation/Labor Organization*             |             |                          |              | Form (Cash, Check, etc.)      |
|                                  |   |   |             |                          |              |                               |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
|                                  |   | 1                                       |             |                          |              |                               |
| Full Name of Contributor         |   | ·                                       | Registra    | tion Nur                 | ber, if PA   | Ċ                             |
|                                  |   |   |             |                          |              |                               |
| Street Address                   | Employer/Occ                            | upation/Labor Organization*             |             |                          |              | Form (Cash, Check, etc.)      |
| Silver Madress                   |   |   | 1           |                          |              |                               |
| City .                           | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
|                                  |   |   |             | li                       |              |                               |
| Full Name of Contributor         |   | · · · · · · · · · · · · · · · · · · ·   | Registra    | tion Nun                 | ber, if PA   | .C                            |
| Tun Tune of Continue             |   | •                                       | 1           |                          | •            |                               |
| Street Address                   | upation/Labor Organization*             | Form (Cash, Check, etc.)                |             |                          |              |                               |
|                                  | 1 ' '                                   |   |             |                          |              | , , , ,                       |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
| \ \                              | 1                                       |   |             |                          |              |                               |
| Full Name of Contributor         |   |   | Registra    | tion Num                 | ber, if PA   | .C                            |
| The France of Community          |   |   |             |                          | ŕ            |                               |
| Street Address                   |   | Form (Cash, Check, etc.)                |             |                          |              |                               |
| 5,100 : 10a                      | Employer/Occupation/Labor Organization* |   |             |                          |              | , , ,                         |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
| O.I.J                            |   |   |             |                          |              |                               |
| Full Name of Contributor         |   |   | Registra    | tion Num                 | ber, if PA   | C                             |
| Tun Name of Controller           |   |   |             |                          | ,            | -                             |
| Street Address                   | Employer/Occi                           | apation/Labor Organization*             |             |                          |              | Form (Cash, Check, etc.)      |
| Street Address                   | Employer occupation gastor organization |   |             |                          |              | z cinii (cubii, ciicon, cici) |
| City                             | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
| City                             | ) State                                 | Zip Code                                | "           | ا ا                      | 1 1          | 7 IIIO(III)                   |
| Eul Name of Contributor          |   | l                                       | Registra    | tion Num                 | ber, if PA   |                               |
| Full Name of Contributor         |   |   | Registra    | tion ivan                | iooi, ii i A | ·                             |
| Charles Address                  | Employer/Ossa                           | Employer/Occupation/Labor Organization* |             |                          |              | Form (Cash, Check, etc.)      |
| Street Address                   | Employer/Occupation/Labor Organization* |   |             |                          |              | i omi (Casii, Check, etc.)    |
| C.                               | State                                   | Zip Code                                | М           | D                        | Y            | Amount                        |
| City                             | State                                   | Laip Code                               | 141         |                          | 1 1          | 2 Milouiit                    |
|                                  |   |   |             |                          |              |                               |

Page Total \$ 14,317.00

<sup>\*</sup> 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)]