

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Nighat Hassan Bukhari						Registration Number, if PAC	
Street Address 49 Price Ave		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201		M 1	D 0	Y 1806
						Amount \$100.00	
Full Name of Contributor Rita Eppler-Goss						Registration Number, if PAC	
Street Address 941 Robbins Way		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Worthington		State OH	Zip Code 43085		M 1	D 0	Y 1806
						Amount \$100.00	
Full Name of Contributor Fran Wasserstrom						Registration Number, if PAC	
Street Address 386 N Drexel Ave		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209		M 1	D 0	Y 1906
						Amount \$50.00	
Full Name of Contributor Ahmad Al-Akhras						Registration Number, if PAC	
Street Address 1311 Le Anne Marie Circle		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 1906
						Amount \$400.00	
Full Name of Contributor Ahmad Al-Akhras						Registration Number, if PAC	
Street Address 1311 Le Anne Marie Circle		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 1906
						Amount \$100.00	
Full Name of Contributor John Conomy						Registration Number, if PAC	
Street Address PO Box 269		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Chagrin Falls		State OH	Zip Code 44022		M 1	D 0	Y 2006
						Amount \$50.00	
Full Name of Contributor Sandra Slomin						Registration Number, if PAC	
Street Address 4557 White Cedar Ln		Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Delray Beach		State FL	Zip Code 33445		M 1	D 0	Y 2306
						Amount \$3,000.00	
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
		OH					
						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 also appear. [R.C. 3517.10(B)(4)]