

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown									
Full Name of Contributor Plumbers and Pipefitters							Registration Number, if PAC		
Street Address 1250 Kinnear Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 1		Amount \$1,000.00	
						Y 2			
						Y 0			
						Y 6			
Full Name of Contributor							Registration Number, if PAC		
Street Address							Form (Cash, Check, etc.)		
Employer/Occupation/Labor Organization*							Amount		
City		State		Zip Code		M		D	
		OH						Y	
								Amount	
Full Name of Contributor Diana Perlenfein							Registration Number, if PAC		
Street Address 583 Daventry Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 1		Amount \$23.97	
						Y 3			
						Y 0			
						Y 6			
Full Name of Contributor Franklin County Democratic Party							Registration Number, if PAC		
Street Address 271 E State Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 1		Amount \$1,000.00	
						Y 5			
						Y 0			
						Y 6			
Full Name of Contributor Dennis Concilla							Registration Number, if PAC		
Street Address 4041 Fairfax Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 1		Amount \$250.00	
						Y 6			
						Y 0			
						Y 6			
Full Name of Contributor Joy Freda							Registration Number, if PAC		
Street Address 482 Taft Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card	
City Bedford		State OH		Zip Code 44146		M 0		D 9	
						Y 1		Amount \$339.55	
						Y 6			
						Y 0			
						Y 6			
Full Name of Contributor Lorraine Cameron							Registration Number, if PAC		
Street Address 34 W Poplar Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 1		Amount \$1,000.00	
						Y 9			
						Y 0			
						Y 6			
Full Name of Contributor Kevin O'Grady							Registration Number, if PAC		
Street Address 34 W Poplar Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 1		Amount \$500.00	
						Y 9			
						Y 0			
						Y 6			

* 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)]