Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown Full Name of Contributor Rick J. Schieterman Registration Number, if PAC	
Full Name of Contributor Registration Number, if PAC	
	1
Rick J. Schieterman	1
	1 . \
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chee	ck, etc.)
8546 Preston Mill Ct. Check	
City State Zip Code M D Y Amount	
Dublin O H 43017 0 6 1 0 6	50.00
Full Name of Contributor Registration Number, if PAC	
Stuart Benis	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	ck, etc.)
326 S. High St. Suite 300 Check	
City State Zip Code M D Y Amount	•
Columbus O H 43125 0 6 1 1 0 6	100.00
Full Name of Contributor Registration Number, if PAC	
Al R. Bordelon	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	ck, etc.)
3958 Fairlington Dr. Check	·
City State Zip Code M D Y Amount	<u> </u>
Upper Arlington O H 43220 0 6 1 2 0 6	50.00
Full Name of Contributor Registration Number, if PAC	
Patrick J. Gannon	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	ck. etc.)
l	, ,
15 Spring Creek Dr. Ck City State Zip Code M D Y Amount	
Westerville O H 43081 0 6 1 4 0 6	50.00
Full Name of Contributor Registration Number, if PAC	50.00
Joseph C. Grimes Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	ok etc.)
	ж, сто.)
4758 A Middletowne St. Ck City State Zip Code M D Y Amount	_
	25.00
Columbus	23.00
Full Name of Contributor Registration Number, if PAC	
Shirley F. Block	1
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	ck, etc.)
5860 NW 44th St. #501 Ck	_
City State Zip Code M D Y Amount	25.00
Lauderhill F L 33319 0 6 1 6 0 6	25.00
Full Name of Contributor Registration Number, if PAC	
Randy J. Fortener	,
Street Address Employer/Occupation/Labor Organization* Form (Cash, Chec	k, etc.)
8229 Milhouse Lane Ck	
City State Zip Code M D Y Amount	
Dublin O H 43016 0 6 1 7 0 6	200.00
Full Name of Contributor Registration Number, if PAC	
Daniel F. Trevas	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check	k, etc.)
216 S. James Rd. Ck	
City State Zip Code M D Y Amount	
Columbus O H 43213 O 6 2 1 0 6	25.00

* 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 \$ 525.00