## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full									
Friends of Marilyn Brown	.,			ببنستين			100	-	
Full Name of Contributor					Registration Number, if PAC				
Matthew J. Kelly			<del></del>						
Street Address	Employer	/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)	
545 Bradley St.					·1···-			Ck	
City	Sta		Zip Code	M	D		Y	Amount	
Columbus	0	h	43201		3   1			100.00	
Full Name of Contributor				Registr	ation N	ımbe	er, if PA	3	
C.M. Roberts									
Street Address	Employer	/Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)	
175 West Royal Forest Blvd								ck	
City	Sta		Zip Code	M	D	- 1	Y	Amount	
Columbus	0	h	43214		3 0			50.00	
Full Name of Contributor		,,_,		Registr	ation N	ımbe	er, if PA		
A Knodt									
Street Address	Employer	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2756 Edgewood Rd.								ck	
City	Sta	te	Zip Code	М	D		Y	Amount	
Columbus	0	h	43220	0 8	3 2	1	0 6	50.00	
Full Name of Contributor	······································			Registi	ration N	umbe	er, if PA	Ç	
Mary K. Lazarus									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
2094 Parkhill Dr.		j				150.			
City	Sta	te	Zip Code	M	D	Т	Y	Amount	
Columbus	0	h	43209	1018	3 0	7	0 6	150.00	
Full Name of Contributor	<del></del>	************					er, if PA	Ċ	
Street Address	Employer	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	Sta	ite	Zip Code	M	D	T	Y	Amount	
						- }			
Full Name of Contributor		<del>** '</del>		Registi	ration N	umbe	er, if PA	C	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
City	Ste	te	Zip Code	M	D	Т	Y	Amount	
	1 1			1	1 1	1	1		
Full Name of Contributor	<del></del>	*****	<u> </u>	Regist	ation N	umbe	er, if PA	C	
				ľ					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
Present transfer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Employer/Occupation/Labor Organization							
City	Sta	ite.	Zip Code	M	D	Т	Y	Amount	
				1 1	1 1		Ī		
Full Name of Contributor			<u> </u>	Registr	ration M	mbe	er if PA		
Full Name of Contributor Registration Number, if PAC								~	
Street Address Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)	
auct Audess	Employer/Occupation/Lapor Organization							- Carri (Carris, Catoon, Co.)	
Cl.	Sta		Trin Code	М	D		Y	Amount	
City	312	uc	Zip Code	IVI		- 1	*	x rest-cont	
	1		to Translation and the same		لمسلم	بلب	لسلس	3. 34 dl 3	

\* 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 \$ 350.00