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Statement of Contributions Received

Prescribed by Secretary of State 03/05

| Name of Committee in Full Friends of Marilyn Brown | | | | |
|--|---------------|-----------------------------|--|--------------------------------------|
| Full Name of Contributor Kim Levy | | | Registration Number, if P | PAC |
| Street Address 811 North El Camino Real | Employer/Occi | upation/Labor Organization* | | Form (Cash, Check, etc.) Credit Card |
| ^{City} San Mateo | State CA | Zip Code 94401 | 1 0 0 2 0 6 | |
| Full Name of Contributor Nedra Rotsky | | | Registration Number, if P | AC |
| Street Address 25050 Letchworth Road | Employer/Occu | upation/Labor Organization* | <u>.</u> | Form (Cash, Check, etc.) Check |
| ^{City} Beachwood | State OH | Zip Code 44122 | 1 0 0 3 0 6 | Amount \$18.00 |
| Full Name of Contributor Cynthia Levine | | | Registration Number, if P. | AC |
| Street Address 1378 Ranchland | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| ^{City} Mayfield Heights | State OH | Zip Code 44124 | $\begin{bmatrix} 1 & 0 & 0 & 4 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 & 0 & 4 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 & 0 &$ | Amount \$100.00 |
| Full-Name of Contributor IBEW-COPE | | | Registration Number, if P. | AC |
| Street Address 900 Seventh Street NW | Employer/Occu | upation/Labor Organization* | <u> </u> | Form (Cash, Check, etc.) Check |
| ^{City} Washington | State DC | Zip Code 20001 | 1 0 0 5 0 6 | Amount \$2,500.00 |
| Full Name of Contributor Carole Naft | | | Registration Number, if P. | AC |
| Street Address 335 Hollyhock Ct | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| _{City} Mayfield Heights | State OH | Zip Code 44124 | $\begin{array}{c c} 1^{M} 0 & 0^{D} 6 & 0^{Y} 6 \end{array}$ | Amount \$100.00 |
| ull Name of Contributor Harriet Magalnick | | | Registration Number, if P. | AC |
| Street Address 19000 Stewart Circle | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| ^{City} Boca Raton | State FL | Zip Code 33496 | | |
| Full Name of Contributor Hallie Wasserman | | | Registration Number, if Pa | AC |
| Street Address 16 Hunting Hollow Drive | | upation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| ^{City} Cleveland | State OH | Zip Code 44124 | 1 0 0 7 0 6 | Amount \$50.00 |
| Full Name of Contributor Citizens for Habash | | | Registration Number, if Pa | AC |
| Street Address 404 S Chesterfield Road | Employer/Occu | upation/Labor Organization* | - <u> </u> | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43209 | 1 0 0 9 0 6 | Amount \$500.00 |

^{*} 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 also appear. [R.C. 3517.10(B)(4)]