

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Peggy Yuko					Registration Number, if PAC		
Street Address 5638 South Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Maple Heights	State O H	Zip Code 44137	M 0 5	D 0 4	Y 0 6	Amount 100.00	
Full Name of Contributor Warren A. Sklar					Registration Number, if PAC		
Street Address 26000 Annesley Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Beachwood	State O H	Zip Code 44122	M 0 5	D 0 7	Y 0 6	Amount 180.00	
Full Name of Contributor Mary Jo Berman					Registration Number, if PAC		
Street Address 5209 Brainard Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Solon	State O H	Zip Code 44139	M 0 5	D 0 8	Y 0 6	Amount 35.00	
Full Name of Contributor Burton F. Waxler					Registration Number, if PAC		
Street Address 2633 Lincoln Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Santa Monica	State C A	Zip Code 90405	M 0 5	D 0 8	Y 0 6	Amount 25.00	
Full Name of Contributor Sandra C. Slomin					Registration Number, if PAC		
Street Address 34 W Poplar Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 0 6	Amount 1,000.00	
Full Name of Contributor Bernice Marshall					Registration Number, if PAC		
Street Address 1451 Silversmith Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0 5	D 1 5	Y 0 6	Amount 50.00	
Full Name of Contributor Sandra Goldberg					Registration Number, if PAC		
Street Address 3951 Edgewood Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lorain	State O H	Zip Code 44053	M 0 5	D 2 1	Y 0 6	Amount 25.00	
Full Name of Contributor Richard Naegele					Registration Number, if PAC		
Street Address 5609 Rosecliff Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lorain	State O H	Zip Code 44053	M 0 5	D 2 1	Y 0 6	Amount 100.00	

* 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 \$ 1,515.00