Page 10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown				
Full Name of Contributor Alice Faryna			Registration Number, if P.	AC
Street Address 2263 Montague Ct	Employer/Occup	pation/Labor Organization*	_ L	Form (Cash, Check, etc.) Check
City Columbus	Stalte OH	Zip Code 43220	0 9 2 0 0 6	Amount \$100.00
Full Name of Contributor CWA State Council of Ohio PCE Registration Number, if PAC				
Street Address 705 Lime City Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Rossford	State OH	Zip Code 43460	0 ^M 9 2 ^D 0 0 ^Y 6	Amount \$300.00
Full Name of Contributor Kitrick and Lewis Co LPA Registration Number				
Street Address 515 E Main Street	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City_ Columbus	State OH	Zip Code 43215	0 9 2 1 0 6	Amount \$250.00
Full Name of Contributor John Wirchanski Registration Number, if PAC				
Street Address 160 Franklin St	Employer/Occupa	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	0 ^M 9 2 ^D 2 0 ^Y 6	Amount \$200.00
Full Name of Contributor Jay Young Registration Number, if PAC				
Street Address 2159 Hayer Ct	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
^{City} Lewis Center	State OH	Zip Code 43035	0 9 2 2 0 6	Amount \$300.00
Full Name of Contributor Hudson for Council Registration Number, if PAC				
Street Address 3886 N High Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	0 ^M 9 2 2 0 6	Amount \$100.00
Full Name of Contributor Bruce Mansfield Registration Number, if PAC				
Street Address 2282 Fernleaf Lane	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	0 9 2 4 0 6	Amount \$100.00
Full Name of Contributor Carpenters Local #200 Registration Number, if PAC				
Street Address 1545 Alum Creek Drive	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M D Y O 6	Amount \$250.00

Page Total \$1,600.00

^{*} 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)]