

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
06 APR 17 PM 3:27

Full Name of Committee Friends of Marilyn Brown						Registration Number, if PACOUNTY BOARD OF ELECTIONS					
Full Name of Candidate Marilyn Brown											
Street Address 34 W. Poplar Ave. # 205						Office Sought County Commissioner			District		
City Columbus						State OH		Zip Code 43215			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual	
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election		0	M	5	0
								D	2	0	Y
										6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$4,025.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$4,025.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,009.67
6. Balance on hand (line 4 minus line 5)	\$	\$1,515.33
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

William H. Woods Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

William H. Woods
Signature

4/17/06
Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

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Name of Committee in Full Friends of Marilyn Brown						
Full Name of Contributor William H Woods					Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.		Employer/Occupation/Labor Organization* McNamara and McNamara LLP Lawyer			Form (Cash, Check, etc.) ck	
City Columbus	State OH	Zip Code 43235	M 0	D 2	Y 2	Amount \$100.00
Full Name of Contributor Patrick J Gannon					Registration Number, if PAC	
Street Address 15 Spring Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Westerville	State OH	Zip Code 43081	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor Maria G V Rosenthal					Registration Number, if PAC	
Street Address 5272 Rockport St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Columbus	State OH	Zip Code 43235	M 0	D 3	Y 0	Amount \$100.00
Full Name of Contributor Beatrice Epstein					Registration Number, if PAC	
Street Address 5420 Huron Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Lyndhurst	State OH	Zip Code 44124	M 0	D 3	Y 0	Amount \$1,000.00
Full Name of Contributor M. Elizabeth Gill					Registration Number, if PAC	
Street Address 90E Mithoff		Employer/Occupation/Labor Organization* Baker & Hosteller LLP			Form (Cash, Check, etc.) ck	
City Columbus	State OH	Zip Code 43206	M 0	D 2	Y 2	Amount \$100.00
Full Name of Contributor Barbara J Hykes					Registration Number, if PAC	
Street Address 1865 Torchwood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Columbus	State OH	Zip Code 43229	M 0	D 3	Y 2	Amount \$50.00
Full Name of Contributor Laura J Stehle					Registration Number, if PAC 3	
Street Address 2573 Quarry Lake Dr.		Employer/Occupation/Labor Organization* 0			Form (Cash, Check, etc.) ck	
City Columbus	State OH	Zip Code 43204	M 0	D 3	Y 1	Amount \$25.00
Full Name of Contributor Greg H Brown					Registration Number, if PAC	
Street Address 7333 Wilson Mills Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck	
City Chesterland	State OH	Zip Code 44026	M 0	D 3	Y 1	Amount \$1,000.00

* 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)]

Statement of Contributions Received

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Name of Committee in Full Friends of Marilyn Brown									
Full Name of Contributor Patrick J Gannon						Registration Number, if PAC			
Street Address 15 Spring Creek Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck	
City Westerville		State OH		Zip Code 43081		M D Y 0 3 2 1 0 6		Amount \$50.00	
Full Name of Contributor Committee for Emily Kreider, Timothy J Kreider, Treasurer						Registration Number, if PAC			
Street Address 121 Triests				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck	
City Westerville		State OH		Zip Code 43001		M D Y 0 3 2 2 0 6		Amount \$1,000.00	
Full Name of Contributor Sanford Brown						Registration Number, if PAC			
Street Address 1327 E. Minor Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck	
City Mayfield Heights		State OH		Zip Code 44124		M D Y 0 4 0 1 0 6		Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M D Y		Amount	

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Marilyn Brown							
To Whom Paid Buckeye Printing and Mailing				M	D	Y	Amount \$1,890.54
Address 217 N Grant				Purpose Stationary			
City Columbus		State OH	Zip Code 43215	Check Number 1001			
To Whom Paid Key Bank				M	D	Y	Amount \$119.13
Address 88 E. Broad St.				Purpose Check/Supply			
City Columbus		State OH	Zip Code 43215	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown														
From Whom Received William H Woods								Prior Amount \$0.00		Amt. Incurred this Period \$150.00				
Address 1022 Blind Brook Dr.										Outstanding Balance \$150.00				
City Columbus		State OH		Zip Code 43235		Loans Received This Period				Payments This Period				
						Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
0		2	2	3	0	2	2	3	0	6				\$150.00
Registration Number, if PAC														
Employer/Occupation/Labor Organization*														
McNamara and McNamara LLP Lawyer														
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period				Payments This Period				
		OH				Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC														
Employer/Occupation/Labor Organization*														
From Whom Received								Prior Amount		Amt. Incurred this Period				
Address										Outstanding Balance				
City		State		Zip Code		Loans Received This Period				Payments This Period				
		OH				Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC														
Employer/Occupation/Labor Organization*														

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ \$0.00
- 2 Total received this period \$ \$150.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$150.00 (To Form No. 30-A)