

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Jason Macke					Registration Number, if PAC		
Street Address 2319 N 4th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 0	Amount \$48.25	
Full Name of Contributor Michelle Chippas					Registration Number, if PAC		
Street Address 468 Old Mill Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State OH	Zip Code 43230	M 0	D 6	Y 1	Amount \$48.25	
Full Name of Contributor Marian Harris					Registration Number, if PAC		
Street Address 5145 Holbrook Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43232	M 0	D 6	Y 1	Amount \$48.25	
Full Name of Contributor Denise Palma					Registration Number, if PAC		
Street Address 28901 Naylor Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Solon	State OH	Zip Code 44139	M 0	D 6	Y 1	Amount \$23.97	
Full Name of Contributor Rob Crane					Registration Number, if PAC		
Street Address 5600 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State OH	Zip Code 43017	M 0	D 7	Y 1	Amount \$485.20	
Full Name of Contributor Kurt Woodall					Registration Number, if PAC		
Street Address 105 DeSantis Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43214	M 0	D 7	Y 1	Amount \$48.25	
Full Name of Contributor Marie Trudeau					Registration Number, if PAC		
Street Address 42 W Deshler		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State OH	Zip Code 43206	M 0	D 7	Y 2	Amount \$23.97	
Full Name of Contributor Pat Dyer					Registration Number, if PAC		
Street Address 3073 Chestnut Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Millersport	State OH	Zip Code 43046	M 0	D 8	Y 1	Amount \$20.00	

* 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)]