

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Gary Norton							
Full Name of Contributor Marvin Bragg					Registration Number, if PAC		
Street Address 15765 Henley			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City East Cleveland	State O H	Zip Code 44112	M 9	D 2	Y 8 0 9	Amount 50.00	
Full Name of Contributor Henry Stoudmire, Jr.					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State O H	Zip Code 44122	M 1	D 0	Y 1 4 0 9	Amount 100.00	
Full Name of Contributor Jennifer Valentine					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State O H	Zip Code 44121	M 1	D 0	Y 1 4 0 9	Amount 100.00	
Full Name of Contributor John Lynch					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westlake	State O H	Zip Code	M 1	D 0	Y 1 4 0 9	Amount 200.00	
Full Name of Contributor Dorothy Eaton					Registration Number, if PAC		
Street Address Northvale Blvd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City East Cleveland	State O H	Zip Code 44112	M 1	D 0	Y 1 4 0 9	Amount 100.00	
Full Name of Contributor Scott Gardner					Registration Number, if PAC		
Street Address 307 E. Washington St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Medina	State O H	Zip Code 44256	M 0	D 9	Y 2 8 0 9	Amount 200.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State O H	Zip Code 44118	M 0	D 9	Y 2 7 0 9	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City	State O H	Zip Code 44110	M 0	D 9	Y 1 8 0 9	Amount	

* 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)]

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