

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary, of State 3/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>							
Full Name of Contributor <b>Rory O. McGuiness</b>					Registration Number, if PAC		
Street Address <b>1830 Cross Creek Dr, Apt. F</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City <b>Columbus</b>		State <b>O</b>	h	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>John S. Bowers</b>					Registration Number, if PAC		
Street Address <b>720 S. High St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City <b>Columbus</b>		State <b>O</b>	h	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Brian J. Koprowski</b>					Registration Number, if PAC		
Street Address <b>1360 Haines</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City <b>Columbus</b>		State <b>O</b>	h	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Robert W. Crosby, Jr.</b>					Registration Number, if PAC		
Street Address <b>1520 Thurell Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							40.00
City <b>Columbus</b>		State <b>O</b>	h	Zip Code <b>43229</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Colette E Yates</b>					Registration Number, if PAC		
Street Address <b>273 Weydon Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							10.00
City <b>Worthington</b>		State <b>O</b>	h	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Michael Sexton</b>					Registration Number, if PAC		
Street Address <b>9 Buttles Ave., Apt. 414</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Paula V. Deming</b>					Registration Number, if PAC		
Street Address <b>6775 Alloway St. W</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							15.00
City <b>Worthington</b>		State <b>O</b>	h	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>ck</b>		

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 265.00