

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown					
Full Name of Contributor Douglas G Borrer				Registration Number, if PAC	
Street Address 5500 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 2
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Frank Cipriano					
Street Address 39 E Whittier St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael J Deascentis II					
Street Address PO Box 563		Employer/Occupation/Labor Organization*		M 0	D 2
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* 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)]

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

\$13,450.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,500.00**