

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 Susan Ignelzi		Registration Number, if PAC	
Street Address 4342 Randmore Road	Employer/Occupation/Labor Organization*	M D Y 0 8 2 3 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert Braithwaite		Registration Number, if PAC	
Street Address 5022 Hibbs Drive	Employer/Occupation/Labor Organization*	M D Y 0 8 2 3 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Suzanne Gray		Registration Number, if PAC	
Street Address 2690 Charing Road	Employer/Occupation/Labor Organization*	M D Y 0 8 2 4 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Jodene Scarbrough		Registration Number, if PAC	
Street Address 2449 Kensington Dr	Employer/Occupation/Labor Organization*	M D Y 0 8 2 2 0 6	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Melissa Hedden		Registration Number, if PAC	
Street Address 2280 Brixton Road	Employer/Occupation/Labor Organization*	M D Y 0 8 2 4 0 6	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Barbara Sokol		Registration Number, if PAC	
Street Address 2346 Fishingter Road	Employer/Occupation/Labor Organization*	M D Y 0 8 2 4 0 6	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Laura Zakin		Registration Number, if PAC	
Street Address 6550 Evening Street	Employer/Occupation/Labor Organization*	M D Y 0 8 2 4 0 6	Amount \$54.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$804.00**