

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date	2/15/07
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Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor BIA Build PAC of Central Ohio				Registration Number, if PAC			
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1507	\$2,000.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC CP1203			
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2007	\$2,000.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor The Limited, Inc PAC				Registration Number, if PAC CP809			
Street Address 3 Limited Parkwasy		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1407	\$1,000.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor New Albany PAC				Registration Number, if PAC C00382432			
Street Address 101 N 3rd Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1507	\$500.00
City Columbus		State OH	Zip Code 43216	Form (Cash, Check, etc.) Check			
Full Name of Contributor Matthew G Kallner LLC				Registration Number, if PAC			
Street Address 65 E Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1407	\$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Loreto Canini				Registration Number, if PAC			
Street Address 4381 Antmon Round		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0407	\$250.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor James Hendrix				Registration Number, if PAC			
Street Address 2580 Sherwin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2007	\$100.00
City Columbus		State OH	Zip Code 43221	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 \$	\$6,350.00
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