

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown						
Full Name of Contributor Ahmad Al-Akhras				Registration Number, if PAC		
Street Address 1311 Le Anne Marie Circle	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor Antonia Carroll				Registration Number, if PAC		
Street Address 189 S Kellner	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Marc Gaunce				Registration Number, if PAC		
Street Address 371 E Torrence	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Lonnie Miles				Registration Number, if PAC		
Street Address 6838 Perry Drive	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Long				Registration Number, if PAC		
Street Address 5588 Morgan Ct	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Groveport	State O H	Zip Code 43125	Form(Cash,Check,etc) Check			
Full Name of Contributor Donald McTigue				Registration Number, if PAC		
Street Address 3886 N High Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Crabbe Brown and James				Registration Number, if PAC		
Street Address 500 S Front Street	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	2	0	250.00
City Columbus	State O H	Zip Code 43215	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 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 \$ 1,750.00