

# 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
Page	2

Name of Committee in Full Friends of Marilyn Brown				
Full Name of Contributor Donald Plank			Registration Number, if PAC	
Street Address 685 City Park Ave	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Douglas Romer			Registration Number, if PAC	
Street Address 10133 Covan Drive	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sandra C Doyle Ahern			Registration Number, if PAC	
Street Address 2511 Keltonhurst Ct	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$100.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott McClintock			Registration Number, if PAC	
Street Address 650 Stublyn Road	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$100.00
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) Check	
Full Name of Contributor Craig A Bohning			Registration Number, if PAC	
Street Address 13740 Blamer Road	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$100.00
City Johnstown	State OH	Zip Code 43031	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Strung			Registration Number, if PAC	
Street Address 350 Potomac Ct	Employer/Occupation/Labor Organization*		M 0 D 2 Y 2	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jack Tzagournis			Registration Number, if PAC	
Street Address 2475 Lane Woods Drive	Employer/Occupation/Labor Organization*		M 0 D 2 Y 1	Amount \$250.00
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 \$	\$850.00
---------------	----------