

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 Richard A. Frye				Registration Number, if PAC	
Street Address 1669 Roxbury Rd.		Employer/Occupation/Labor Organization*		M	D
City Upper Arlington		State OH	Zip Code 43212	Y	Amount 75.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Timothy P. Stehle				Registration Number, if PAC	
Street Address 4060 Baughman Grant		Employer/Occupation/Labor Organization*		M	D
City New Albany		State OH	Zip Code 43054	Y	Amount 150.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Marguerite H. Turnbull				Registration Number, if PAC	
Street Address 4590 Knightsbridge Blvd., Apt. 301		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 25.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Christina L. Corl				Registration Number, if PAC	
Street Address 5971 Olentangy River Rd.		Employer/Occupation/Labor Organization*		M	D
City Worthington		State OH	Zip Code 43085	Y	Amount 50.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Kimberly J. Maggard				Registration Number, if PAC	
Street Address 600 Link Rd.		Employer/Occupation/Labor Organization*		M	D
City Whitehall		State OH	Zip Code 43213	Y	Amount 25.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Michael L. Siberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43213	Y	Amount 30.00
				Form (Cash, Check, etc) ck	
Full Name of Contributor Robert M. Hart				Registration Number, if PAC	
Street Address 6686 Thorne St.		Employer/Occupation/Labor Organization*		M	D
City Worthington		State OH	Zip Code 43085	Y	Amount 25.00
				Form (Cash, Check, etc) ck	

* 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 \$ 380.00