

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 B. Igo | | | | | Registration Number, if PAC | | |
| Street Address 3300 Indianola Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 7 | 2 | 25.00 |
| City Columbus | | State O | H | Zip Code 43214 | | Form(Cash,Check,etc) Ck | |
| Full Name of Contributor Colette A. Yates | | | | | Registration Number, if PAC | | |
| Street Address 273 Weydon Rd. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 25.00 |
| City Worthington | | State O | H | Zip Code 43085 | | Form(Cash,Check,etc) Ck | |
| Full Name of Contributor Nancy K. Wonnell | | | | | Registration Number, if PAC | | |
| Street Address 330 S. High St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 50.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash,Check,etc) ck | |
| Full Name of Contributor Jody McRainey | | | | | Registration Number, if PAC | | |
| Street Address 2595 Mt. Holyoke Rd. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 25.00 |
| City Columbus | | State O | H | Zip Code 43221 | | Form(Cash,Check,etc) ck | |
| Full Name of Contributor Eileen Y. Paley | | | | | Registration Number, if PAC | | |
| Street Address 668 Bellamy Pl. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 25.00 |
| City Columbus | | State O | H | Zip Code 43213 | | Form(Cash,Check,etc) ck | |
| Full Name of Contributor Alissa Hofinger | | | | | Registration Number, if PAC | | |
| Street Address 501 S. High St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 50.00 |
| City Columbus | | State O | H | Zip Code 43215 | | Form(Cash,Check,etc) ck | |
| Full Name of Contributor Lillian b. Williams | | | | | Registration Number, if PAC | | |
| Street Address 1404 Lake Shore Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | | | | 25.00 |
| City Columbus | | State O | H | Zip Code 43204 | | 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 \$ 225.00