31-E R.C. 3517.10(B)

Event Date	12/6/06
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05			
Name of Committee in Full	<del></del>				
Friends of Marilyn Brown					
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC	
George Shellenbarger					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
921 Dennison			1 2 0 6 0 6	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43201	Check		
Full Name of Contributor			Registration Number, if PAC		
Brian Shinn					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
137 Morse Road			1 2 0 6 0 6	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43214	Check		
Full Name of Contributor			Registration Number, if PAC		
Jason Calhoun					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
65 Price Ave			1 2 0 6 0 6	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O   H	43201	Cash		
Full Name of Contributor			Registration Number, if PAC		
Steve Farrell					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
360 S Third			1 2 0 6 0 6	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43201	Cash		
Full Name of Contributor			Registration Number, if PAC		
Gabriel Mastin					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
146 Sherbrook			1 2 0 6 0 6	20.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Mansfield	O   H	44907	Cash		
Full Name of Contributor			Registration Number, if PAC		
J Anthony Logan					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
4740 Hayden Run Road			1 2 0 6 0 6	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43221	Check		
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC		
Gregory Finnerty					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
85 E Gay Street			1 2 0 6 0 6	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		

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 \$ 300.00
	4	

<sup>\*</sup> 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)]