

Event Date	<u>7/26/06</u>
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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 Dwight E. Garner				Registration Number, if PAC	
Street Address 895 Beech St.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43206	0	7	2
			6	0	6
			Form(Cash,Check,etc) ck		Amount 35.00
Full Name of Contributor Lorraine E. Bieber					
Street Address 175 W Pacemont Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43202			10.00
			Form(Cash,Check,etc) ck		
Full Name of Contributor Marlen Lynn					
Street Address 7725 Kelvinway Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington	State O	Zip Code 43085			20.00
			Form(Cash,Check,etc) ck		
Full Name of Contributor Kelli Arthur Hykes					
Street Address 5372 Cherry Bud Ct.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43228			100.00
			Form(Cash,Check,etc) ck		
Full Name of Contributor John E. Hykes					
Street Address 1865 Torchwood Dr.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43229			100.00
			Form(Cash,Check,etc) ck		
Full Name of Contributor Gregory C. Schultz					
Street Address 1748 W 3rd Ave Apt B				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43212			100.00
			Form(Cash,Check,etc) ck		
Full Name of Contributor Kathy L Werkmeister					
Street Address 726 Summertree Ln				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Westerville	State O	Zip Code 43081			100.00
			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 \$ 465.00