

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 Bill Hedrick				Registration Number, if PAC	
Street Address 838 Thurber Drive W		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor David Schneider				Registration Number, if PAC	
Street Address 173 Thurman Ave		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 40.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Donald Geiner				Registration Number, if PAC	
Street Address 196 Warren		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen Daley				Registration Number, if PAC	
Street Address 4259 Olentangy Blvd		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Edward Leonard				Registration Number, if PAC	
Street Address 3030 Gleska Drive		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43219		Form(Cash,Check,etc) Check	
Full Name of Contributor G Gary Tyack				Registration Number, if PAC	
Street Address 947 Clubview Blvd North		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Dean Hernandez				Registration Number, if PAC	
Street Address 605 Tansy Lane		Employer/Occupation/Labor Organization*		M D Y 1 2 0 6 0 6	Amount 35.00
City Westerville	State O H	Zip Code 43081		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 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 \$ 250.00