

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>					
Full Name of Contributor <b>Mary G. Macvicar</b>				Registration Number, if PAC	
Street Address <b>3153 Benbridge Rd.</b>	Employer/Occupation/Labor Organization*		M	D	Y
			0	8	2
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	4	0	6
			Form(Cash,Check,etc) <b>ck</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Carmela C. Price</b>					
Street Address <b>1595 Rayne Lane</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					<b>25.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Susan E. Ashbrook</b>					
Street Address <b>139 S. Westmoor Ave.</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					<b>200.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>The Adams Street Group</b>					
Street Address <b>2242 Tremont Rd.</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					<b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>Mary K Dickinson</b>					
Street Address <b>230 W. Jeffrey Pl.</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					<b>50.00</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor <b>E. Jean Werts</b>					
Street Address <b>285 Mc Coy Ave.</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					<b>100.00</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>ck</b>		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		

\* 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  

2,129.00

Total expenditures this event  

0.00

Page Total \$ 475.00