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Event Date	7/29/06
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## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Pull   Friends of Marrilyn Brown   Form Continuor   Fall Name of Committee   Faul State   Steep Name of Continuor   State   Sta		Prescribed by Se	cretary of State 3/05							
File   Name of Countributer   Paul Stale   Street Address   Street Addre			<u> </u>							
Paul Staley	Friends of Marilyn Brown									
Size   Address   Superior   State   Zip Code   Co	Full Name of Contributor				Registration Number, if PAC					
Size   Address   Superior   State   Zip Code   Co	Paul Staley									
State		Employer/Occupation/Labor Organization*		М	1					
State	3210 Summit St.			0 7	2 9	0   0   6	5	50.00		
Full Name of Contributor Thomas c. Tootle Street Address 5971 Hildenboro Dr.  City Dublin Oh 43017  State Zip Code Sarah L. Campbell Street Address 63 E. Gay St. #2  City Columbus Full Name of Contributor Martha Maas Street Address 93 East Longview Ave.  City Columbus Full Name of Contributor State Zip Code Oh A 43017  State Zip Code Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Oh Dublin Form(Cash, Check, etc) Ck Form(Cash, Check, etc) Ck Full Name of Contributor Martha Maas Street Address 93 East Longview Ave.  City Columbus Oh D Y Amount State Zip Code Form(Cash, Check, etc) Ck Full Name of Contributor David C. Hetzler Street Address  Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Ck Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Ck Registration Number, if PAC  State Zip Code City Columbus Oh D Y Amount State Zip Code Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Form(Cash, Check, etc) Ck Registration Number, if PAC  State Zip Code Registration Number, if PAC  Regis	The state of the s	State	Zip Code	Form(C						
Full Name of Contributor Thomas c. Tootle  Street Address 5971 Hildenboro Dr.  State Zip Code O h 43017  State Zip Code O h 43017  Form(Cash, Check, etc) Ck  Registration Number, if PAC  State Zip Code City Dublin Street Address 63 E. Gay St. #2  Columbus Full Name of Contributor Martha Maas  Street Address  Sarea Longview Ave.  State Zip Code O h 43202  Employer/Occupation/Labor Organization*  Bimpleyer/Occupation/Labor Organization*  M D Y Amount  50.00  Form(Cash, Check, etc) Ck  Registration Number, if PAC  State Zip Code Form(Cash, Check, etc) Ck  Registration Number, if PAC  50.00  State Zip Code Form(Cash, Check, etc) Ck  Registration Number, if PAC  State Zip Code Form(Cash, Check, etc) Ck  Registration Number, if PAC  50.00  State Zip Code Form(Cash, Check, etc) Ck  Registration Number, if PAC  State Zip Code Ck  State Zip Code Form(Cash, Check, etc) Ck  Registration Number, if PAC  State Zip Code City Columbus City C	Columbus	$  \cap   h$	43202	ĺ	ck					
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Dublin		State	Zip Code	Form(Ca	ash,Chec	k,etc)		00.00		
Full Name of Contributor  Sarah L. Campbell  Street Address 63 E. Gay St. #2  City Columbus Full Name of Contributor Martha Maas  Street Address 61 Employer/Occupation/Labor Organization* M D Y Amount  State  Columbus Full Name of Contributor Martha Maas  Street Address 6121 Huntley Rd.  City Columbus Full Name of Contributor David C. Hetzler  Street Address Columbus Full Name of Contributor Street Address 2 Employer/Occupation/Labor Organization* Full Name of Contributor Columbus Full Name of Contributor David C. Hetzler  Street Address 2 Employer/Occupation/Labor Organization* Full Name of Contributor Columbus Full Name of Contributor Street Address 2 Employer/Occupation/Labor Organization* Full Name of Contributor State Columbus Full Name of Contributor Raj Rajadhyaksha  Street Address 2 Employer/Occupation/Labor Organization* Full Name of Contributor Raj Rajadhyaksha  Street Address Street Address Street Address Full Name of Contributor Powell Full Name of Contributor Full Name of Contributor Raj Rajadhyaksha  Street Address Employer/Occupation/Labor Organization* M D Y Amount 200.00  City State Check, etc) Check	1 '	I	1 -	`		, ,				
Sarah L. Campbell		1_(/_ 11	20027	Registra		nber, if P	AC			
Street Address						,				
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Columbus		State	Zin Code	Form(C:	ash Chec	k etc)		50.00		
Full Name of Contributor  Martha Maas  Street Address  Columbus  City  Columbus  6121 Huntley Rd.  City  Columbus  Full Name of Contributor  A ig Rajadhyaksha  Street Address  Full Name of Contributor  Columbus  City  Columbus  City  Columbus  Full Name of Contributor  David C. Hetzler  Strate  Columbus  Full Name of Contributor  Registration Number, if PAC  Registration Number, if PAC  A state  Zip Code  O h 43229  Ck  Registration Number, if PAC  Form(Cash, Check, etc)  Ck  Registration Number, if PAC  A mount  200.00  City  Powell  Form(Cash, Check, etc)  Ck  Registration Number, if PAC  A James Siebert III  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  A James Siebert III  Street Address  Employer/Occupation/Labor Organization*  N D Y Amount  200.00  Registration Number, if PAC  A James Siebert III  Street Address  Employer/Occupation/Labor Organization*  N D Y Amount  100.00  Registration Number, if PAC  A James Siebert III  Street Address  Employer/Occupation/Labor Organization*  N D Y Amount  100.00  Registration Number, if PAC  A James Siebert III  Street Address  Employer/Occupation/Labor Organization*  N D Y Amount  100.00	•			10,,,,(0,		м,ого)				
Martha Maas  Street Address  93 East Longview Ave.  City  Columbus  Oh A  Street Address  Full Name of Contributor  David C. Hetzler  Street Address  Columbus  Employer/Occupation/Labor Organization*  Street Address  Form(Cash, Check, etc)  Ck  Registration Number, if PAC  State  City  Columbus  Employer/Occupation/Labor Organization*  M D Y Amount  200.00  City  Columbus  Form(Cash, Check, etc)  Ck  Registration Number, if PAC  State  Ck  Registration Number, if PAC  State  Ck  Registration Number, if PAC  Registration Number, if PAC  State  Ch  Ch  A. James Siebert III  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  A. James Siebert III  Street Address  Ck  Employer/Occupation/Labor Organization*  M D Y Amount  100.00  Registration Number, if PAC		1 () 11	40210	Registra		nher if P	AC			
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93 East Longview Ave.  City Columbus O h 43202 Ck  Registration Number, if PAC  State Zip Code O h 43202 Ck  Registration Number, if PAC  State Zip Code City Columbus 6121 Huntley Rd.  City Columbus Full Name of Contributor Raj Rajadhyaksha  Street Address 270 Valley Run Pl.  City Powell Full Name of Contributor A. James Siebert III  Street Address 1040 Bluesail Dr.  State Zip Code O h 43081  Employer/Occupation/Labor Organization* Registration Number, if PAC  State Zip Code Ck Form(Cash, Check, etc) Ck For		Employar/Ocoup	ation/Labor Organization*		D.	Τv	Ámount			
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Columbus  Full Name of Contributor  David C. Hetzler  Street Address  6121 Huntley Rd.  City  Powell  City  Powell  Full Name of Contributor  An D Y Amount  200.00  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization Number, if PAC  Registration Number, if PAC  Amount  200.00  City  Powell  O h 43065  Registration Number, if PAC  Registration Number, if PAC  A. James Siebert III  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  200.00  Registration Number, if PAC  A. James Siebert III  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  100.00  Registration Number, if PAC  A. James Siebert III  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  100.00  City  State Zip Code  O h 43081  Ck	· · · · · · · · · · · · · · · · · · ·	C+-+-	7:- C-1-	Form (C	ah Chaa	le ata)		50.00		
Full Name of Contributor  David C. Hetzler  Street Address  6121 Huntley Rd.  City  Powell  Full Name of Contributor  Raj Rajadhyaksha  Street Address $270 \text{ Valley Run Pl.}$ City  Powell  Full Name of Contributor  A. James Siebert III  Street Address  Full Name of Contributor  Full Name of Contributor  State  State  City  Powell  City  Powell  City  State  State  State  Cip Code  O h 43065  City  Powell  O h 43065  Form(Cash, Check, etc)  City  Powell  O h 43065  Form(Cash, Check, etc)  City  Form(Cash, Check, etc)  City  Form(Cash, Check, etc)  City  Form(Cash, Check, etc)  City  State  Stat				romica		K,etc)				
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Full Name of Contributor  Raj Rajadhyaksha  Street Address  270 Valley Run Pl.  City  Powell  Full Name of Contributor  A. James Siebert III  Street Address  Employer/Occupation/Labor Organization*  A. James Siebert III  Street Address  Imployer/Occupation/Labor Organization*  Registration Number, if PAC  A. James Siebert III  Street Address  Imployer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  M D Y Amount  1040 Bluesail Dr.  City  State  State  Zip Code  O h 43081  Form(Cash, Check, etc)  Form(Cash, Check, etc)  Ck  100.00	1 *			Form(Ca	•	k,etc)				
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Full Name of Contributor  A. James Siebert III  Street Address  1040 Bluesail Dr.  City  Westerville  Registration Number, if PAC    M D Y Amount   100.00	City			Form(Ca		k,etc)				
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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 \$700.00_

<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)]