

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 Paul Staley				Registration Number, if PAC			
Street Address 3210 Summit St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2	50.00
City Columbus		State O	h	Zip Code 43202		Form(Cash,Check,etc) ck	
Full Name of Contributor Thomas c. Tootle				Registration Number, if PAC			
Street Address 5971 Hildenboro Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Dublin		State O	h	Zip Code 43017		Form(Cash,Check,etc) ck	
Full Name of Contributor Sarah L. Campbell				Registration Number, if PAC			
Street Address 63 E. Gay St. #2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Columbus		State O	h	Zip Code 43215		Form(Cash,Check,etc) ck	
Full Name of Contributor Martha Maas				Registration Number, if PAC			
Street Address 93 East Longview Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							50.00
City Columbus		State O	h	Zip Code 43202		Form(Cash,Check,etc) ck	
Full Name of Contributor David C. Hetzler				Registration Number, if PAC			
Street Address 6121 Huntley Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							200.00
City Columbus		State O	h	Zip Code 43229		Form(Cash,Check,etc) ck	
Full Name of Contributor Raj Rajadhyaksha				Registration Number, if PAC			
Street Address 270 Valley Run Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							200.00
City Powell		State O	h	Zip Code 43065		Form(Cash,Check,etc) ck	
Full Name of Contributor A. James Siebert III				Registration Number, if PAC			
Street Address 1040 Bluesail Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							100.00
City Westerville		State O	h	Zip Code 43081		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 \$ 700.00