## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	10/5/06
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Name of Committee in Full	•	<del>-</del>	
Friends of Marilyn Brown			
Full Name of Contributor	Registration Number, if PAC		
Jeffrey Loeser			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
107 East 14th Ave			1 0 0 5 0 6 \$25.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43201	Check
James Schottenstein	Registration Number, if PAC		
Street Address	F1/0		M I TO L TO L
2300 Commonwealth Park N	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 0 5 0 6 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Kopech and O'Grady LLC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
500 S Front Street			1 0 0 5 0 6 \$200.00
Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43215	Check
Joseph Mas			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
439 Colonial Ave	Employer/Occupation/Labor Organization*		1 0 0 5 0 6 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor Wonnell and Wonnell		74	Registration Number, if PAC
Street Address	· · · · · · · · · · · · · · · · · · ·		
330 S High Street	Employer/Occupation/Labor Organization*		M D Y Amount
City	Stal te	Zin O. I.	1 0 0 5 0 6 \$250.00
Columbus	OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Kristen McKinley			Togowand Number, if The
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
3656 Cannongate Dr			1 0 0 5 0 6 \$150.00
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43228	Check
Jo Kaiser			Registration Number, if PAC
Street Address	E/C	: # 1 O	M D
2103 Scenic Drive	Employer/Occupation/Labor Organization*		1 0 0 5 0 6 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Lancaster	OH OH	43130	Check
Required for contributions from individuals over \$100 4-		<u> </u>	

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 No. 31-E" and list the date of the event in the date column

10tal contributions	this event
\$0.	00

Total expenditures this event.

\$0.00

als 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 also appear. [R.C. 3517.10(B)(4)]