

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Christopher Cicero				Registration Number, if PAC			
Street Address 1308 W Mound St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$150.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey Hutson				Registration Number, if PAC			
Street Address 175 S 3rd Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Christopher Hedden				Registration Number, if PAC			
Street Address 1 Parkview Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$193.90
City Mount Vernon		State OH	Zip Code 43050	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor Kate Brunner				Registration Number, if PAC			
Street Address 2839 Marblewood Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$96.80
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor Marie Keister				Registration Number, if PAC			
Street Address 7759 Crawley Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$96.80
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor James Panzer				Registration Number, if PAC			
Street Address 220 East Sycamore Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$193.90
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Credit Card			
Full Name of Contributor David Abel				Registration Number, if PAC			
Street Address 27 E Dunedin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$96.80
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Credit Card			

* 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$878.20**