

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 Judith A. Kress				Registration Number, if PAC	
Street Address 119 E. Longview Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2006
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Jan E. Davis				Registration Number, if PAC	
Street Address 2492 Edgevale Rd.	Employer/Occupation/Labor Organization*		M 	D 	Y
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC	
Street Address 39 Orchard Dr.	Employer/Occupation/Labor Organization*		M 	D 	Y
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Donald S. Klco				Registration Number, if PAC	
Street Address 225 E North Broadway St.	Employer/Occupation/Labor Organization*		M 	D 	Y
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) ck		Amount 50.00
Full Name of Contributor Jo E. Kaiser				Registration Number, if PAC	
Street Address 2103 Scenic Dr.	Employer/Occupation/Labor Organization*		M 	D 	Y
City Lancaster	State OH	Zip Code 43130	Form (Cash, Check, etc) ck		Amount 50.00
Full Name of Contributor Carole Depaola				Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization*		M 	D 	Y
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) ck		Amount 50.00
Full Name of Contributor Frank Macke				Registration Number, if PAC	
Street Address 370 E Cook Rd	Employer/Occupation/Labor Organization*		M 	D 	Y
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) ck		Amount 50.00

* 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 \$ 275.00