

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>							
Full Name of Contributor <b>William C. Habig</b>				Registration Number, if PAC			
Street Address <b>3708 Raccon Valley Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	250.00
City <b>Granville</b>		State <b>O</b>	H	Zip Code <b>43023</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>M. Elizabeth Gill</b>				Registration Number, if PAC			
Street Address <b>90E Mithoff</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Anthony C. Hull</b>				Registration Number, if PAC			
Street Address <b>317 E Kossuth Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Kelli Hykes</b>				Registration Number, if PAC			
Street Address <b>5372 Cherry Bud Ct.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Alyssa A. Jerzyk</b>				Registration Number, if PAC			
Street Address <b>65 W Lakeview Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	10.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43202</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Don Klco</b>				Registration Number, if PAC			
Street Address <b>225 E North Broadway</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	100.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>		
Full Name of Contributor <b>Todd M. Kleismit</b>				Registration Number, if PAC			
Street Address <b>101 Brevoort Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	150.00
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>		

\* 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 \$ 710.00