

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date 2/15/07
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Name of Committee in Full Friends of Marilyn Brown					
Full Name of Contributor Daniel O'Brien				Registration Number, if PAC	
Street Address 1173 McCleary Ct		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43235	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nelson Kohman				Registration Number, if PAC	
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M 0	D 2
City Pataskala		State OH	Zip Code 43062	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Katzenmeyer				Registration Number, if PAC	
Street Address 4143 Stargrass Court		Employer/Occupation/Labor Organization*		M 0	D 2
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Edgar A Lampert				Registration Number, if PAC	
Street Address 667 Madison Ave		Employer/Occupation/Labor Organization*		M 0	D 2
City New York		State NY	Zip Code 10021	Y 1	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Schottenstein				Registration Number, if PAC	
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43219	Y 0	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert E Yoakam Jr				Registration Number, if PAC	
Street Address 6345 Taggart Road		Employer/Occupation/Labor Organization*		M 0	D 2
City Delaware		State OH	Zip Code 43015	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Julie Bacome				Registration Number, if PAC	
Street Address 5400 Murfield Court		Employer/Occupation/Labor Organization*		M 0	D 2
City Dublin		State OH	Zip Code 43017	Y 0	Amount \$500.00
				Form (Cash, Check, etc.) Check	

* 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 \$ **\$4,750.00**