

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 Dwight Garner				Registration Number, if PAC	
Street Address 895 Beech Street	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43206	1	2	0
			5	0	6
			Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor John Manning					
Street Address 204 Reinhard Ave				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43206	M	D	Y
			1	2	0
			5	0	6
			Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Havana Video Lounge					
Street Address 862 N High Street				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43215	M	D	Y
			1	2	0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 40.00
Full Name of Contributor Michael Council					
Street Address 108 Buttles Ave				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43215	M	D	Y
			1	2	0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Douglas Whaley					
Street Address 27 Highland				Employer/Occupation/Labor Organization*	
City Worthington	State O	Zip Code 43085	M	D	Y
			1	2	0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Barbara Sokol					
Street Address 2346 Fishinger				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43221	M	D	Y
			1	2	0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Eileen Pailey					
Street Address 668 Bellamy Pl				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43201	M	D	Y
			1	2	0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 35.00

* 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 \$ 845.00