

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 Jay Goyal				Registration Number, if PAC	
Street Address 2584 Wahl Drive	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Mansfield	State O	Zip Code 44904	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Raymond Lee Brown				Registration Number, if PAC	
Street Address 206 Hawkins Lane	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Blacklick	State O	Zip Code 43004	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Friends of Marian Harris				Registration Number, if PAC	
Street Address 5145 Holbrook Drive	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43232	Amount 35.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Frank Macke				Registration Number, if PAC	
Street Address 370 E Cook	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43214	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC	
Street Address 1549 Melrose	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43224	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Sara Ernst				Registration Number, if PAC	
Street Address 271 S Champion	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43205	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Shellabarger				Registration Number, if PAC	
Street Address 948 Neil Ave	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State O	Zip Code 43201	Amount 100.00	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 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 \$ 405.00