

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Steven Mathless				Registration Number, if PAC			
Street Address 800 E Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$150.00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nathan Gordon				Registration Number, if PAC			
Street Address 2485 E Broad Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC			
Street Address 4878 Berry Leaf Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$50.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sharon Gawronski				Registration Number, if PAC			
Street Address 1562 Ramblewood Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	\$20.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Christine Vineis				Registration Number, if PAC			
Street Address 4920 Riverside Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	\$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Zeiger Tigges and Little LLP				Registration Number, if PAC			
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael McElligott				Registration Number, if PAC			
Street Address 511 E Jeffrey Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	\$150.00
City Columbus		State OH	Zip Code 43214	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

\$4,498.20

Total expenditures this event.

\$0.00

Page Total \$ 820.00