

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				Registration Number, if PAC	
Street Address Marguerite H. Turnbull		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Porter Wright Morris and Arthur, LLC					
Street Address 41 S High Street		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Stephanie Bosco					
Street Address 1692 Wyandotte Road		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43212	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Barbara A. Colgrove					
Street Address 1906 Fallgate Ct		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43235	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jamie Friese					
Street Address 138 Wilber Ave		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Richard Frye					
Street Address 1669 Roxbury Road		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Sara Fusco					
Street Address 1112 Weybridge Apt. D		Employer/Occupation/Labor Organization*		M	D
				0	5
City Columbus		State O	H	Y	6
		Zip Code 43220	Form(Cash,Check,etc) Check		Amount 25.00

* 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 \$ 695.00