

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>					
Full Name of Contributor <b>Frances Strickland</b>			Registration Number, if PAC		
Street Address <b>5561 Chowning</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 4 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$100.00</b>
Full Name of Contributor <b>Melodee Kornacker</b>			Registration Number, if PAC		
Street Address <b>PO Box 218207</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 4 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$150.00</b>
Full Name of Contributor <b>Saul Sokol</b>			Registration Number, if PAC		
Street Address <b>360 South Roosevelt Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 0 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Karen E. Hjelm</b>			Registration Number, if PAC		
Street Address <b>2517</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 4 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Mal Sokol</b>			Registration Number, if PAC		
Street Address <b>PO Box 13224</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>1 9 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Anne Marie Lapidus</b>			Registration Number, if PAC		
Street Address <b>203 Croswell Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 4 0 6</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$50.00</b>
Full Name of Contributor <b>Paula Deming</b>			Registration Number, if PAC		
Street Address <b>6775 Alloway St. W.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>8</b>	Y <b>2 4 0 6</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form (Cash, Check, etc.) <b>Check</b>		Amount <b>\$50.00</b>

\* 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 \$ **\$500.00**