

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 Michael W. McElligott				Registration Number, if PAC	
Street Address 511 E. Jeffrey Pl.	Employer/Occupation/Labor Organization*		M	D	Y
			0	7	2
City Columbus	State O	Zip Code 43214	9	0	6
			Form(Cash,Check,etc) ck		Amount 50.00
Full Name of Contributor Benso A. Wolman					
Street Address 315 Eastmoor Boulevard				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					100.00
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) ck		
Full Name of Contributor Rachel Tooker					
Street Address 200 Aldrich Rd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					50.00
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) cash		
Full Name of Contributor Jack Dawson					
Street Address 1390 Broadview Ave.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					10.00
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) cash		
Full Name of Contributor Michael Ring					
Street Address 5101 Gardenway				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					20.00
City Columbus	State O	Zip Code 43230	Form(Cash,Check,etc) cash		
Full Name of Contributor Kimberly Gibson					
Street Address 236 W. Second Ave.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
					10.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) cash		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		

* 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

1,350.00

Total expenditures this event

0.00

Page Total \$ 240.00