

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 Shareef Rabaa				Registration Number, if PAC	
Street Address 1227 Pennsylvania Ave		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	150.00
City Columbus	State O H	Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Koehler				Registration Number, if PAC	
Street Address 8270 Marcy Road		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	150.00
City Lancaster	State O H	Zip Code 43130		Form(Cash,Check,etc) Check	
Full Name of Contributor Froelich for Judge Committee				Registration Number, if PAC	
Street Address 440 Grove Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	250.00
City Groveport	State O H	Zip Code 43125		Form(Cash,Check,etc) Check	
Full Name of Contributor Bricker and Eckler LLP				Registration Number, if PAC OH821	
Street Address 100 S Third		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	1,000.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Schottenstein Zox and Dunn				Registration Number, if PAC OH1310	
Street Address 250 West Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	1,500.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor The Huntington Bancshares Inc PAC				Registration Number, if PAC COO165589	
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	1,500.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Timothy Stehle				Registration Number, if PAC	
Street Address 4060 Baughman Grant		Employer/Occupation/Labor Organization*		M D Y	Amount
				1 2 1 2 0 6	500.00
City New Albany	State O H	Zip Code 43054		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

12,442.00

Total expenditures this event

600.00

Page Total \$ 5,050.00