

Event Date 7/26/06

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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 Russell Goodwin				Registration Number, if PAC	
Street Address 103 E. First Ave.	Employer/Occupation/Labor Organization*		M	D	Y
City Columbus	State O	Zip Code 43201	0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Debra A. Willaman					
Street Address 1520 NW Arlington Ave.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Grandview Hgts.	State O	Zip Code 43212			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Richard C. Pfeiffer, Jr.					
Street Address 238 E. Royal Forest Blvd.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43214			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Michael J. Wihl					
Street Address 66 S. Grant Ave. Apt. 3				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43215			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Howard Heard					
Street Address 1186 Greers Ave				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43206			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Heather Hissom					
Street Address 463 Canterwood Ct				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Gahanna	State O	Zip Code 43230			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		Amount 25.00
Full Name of Contributor Marelene A Wirth					
Street Address 1029 Northfield Pl. N.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Reynoldsburg	State O	Zip Code 43068			25.00
			0	7	2
			6	0	6
			Form(Cash, Check, etc) ck		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 \$ 175.00