

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 Stephen P. Grassbaugh				Registration Number, if PAC	
Street Address 996 Neil Ave.		Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 0 6	Amount 100.00
City Columbus		State O h	Zip Code 43201	Form(Cash,Check,etc) ck	
Full Name of Contributor Mark A Serrott				Registration Number, if PAC	
Street Address 789 Northwest Blvd. A		Employer/Occupation/Labor Organization*		M D Y 	Amount 100.00
City Columbus		State O h	Zip Code 43212	Form(Cash,Check,etc) ck	
Full Name of Contributor Stephen I. Nacht				Registration Number, if PAC	
Street Address 438 Beecher Rd.		Employer/Occupation/Labor Organization*		M D Y 	Amount 75.00
City Gahanna		State O h	Zip Code 43230	Form(Cash,Check,etc) ck	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 	Amount
City		State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 	Amount
City		State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 	Amount
City		State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		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

275.00

Total expenditures this event

158.44

Page Total \$ **275.00**