

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown					
Full Name of Contributor Donald Klco			Registration Number, if PAC		
Street Address 225 E North Broadway St		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Wihl			Registration Number, if PAC		
Street Address 66 S Grant Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew Kelly			Registration Number, if PAC		
Street Address 545 Bradley St		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43201	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Janeen Sands			Registration Number, if PAC		
Street Address 174 Northmoor Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Crosby			Registration Number, if PAC		
Street Address 1520 Thurell Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43229	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald McTigue			Registration Number, if PAC		
Street Address 3886 N High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
		OH			
				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 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

\$265.00

Total expenditures this event.

\$0.00

Page Total \$ 265.00