T	
Event Date	7/29/06
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full					.,,,,,		
Friends of Marilyn Brown		<u></u>	-				
Full Name of Contributor			Registration Number, if PAC				
Kathleen E. Hoke			M	T 25	T		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	25.00
646 S. Roys Ave.		Territoria	0 7				25.00
City	State	Zip Code 43204	Forme	$^{ m cash,Check}$	k,etc)		
Columbus	$O \mid h$	43204	Dominto.	tion Nun	Las ich	A.C.	
Full Name of Contributor			Registra	idon ivan	wei, n r	40	
Kimberly A Gibson Street Address	Employee/Occup	ation/Labor Organization*	М	D	ΙŸ	Amount	
	Employer/Occup	smon ranoi Oisunzanon.	IVA	1 1	1 1	Amount	25.00
236 W 2nd Ave	State	Zip Code	Form(C	ash,Chec	t etc)		20.00
Columbus	O h	43201	romic	ck	K,CIC)		
Columbus Full Name of Contributor	() 11	43201	Registre	tion Nun	ber if D	AC.	
Christopher J Gawronski			TO BEST	11014 1 1011	DV1, 11 1 1	•	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	ΤΥ	Amount	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
221 West Pacemont Rd	Employed	auton cutou organication	"			, amount	40.00
City	State	Zip Code	Form(C	ash,Chec	k etc)		±0,00
Columbus	h	43202		ck	.,,,,		
Full Name of Contributor			istration Number, if PAC				
Kathy N. Nicholson						•	
Street Address	Employer/Occur	ation/Labor Organization*	- 1 м	D	ΤŸ	Amount	
276 E. Tulane Rd.	Zimpisyan saasp						40.00
City	State	Zip Code	Form(C	ash,Chec	k.etc)		10,00
Columbus	$0 \mid h$	43202		ck	, ,		
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
Ann Joyce							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	-,,
95 Brevoort Rd.					1	1	25.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Columbus	$\cap \mid h$	43214		ck			
Full Name of Contributor			Registra	ation Nun	iber, if P	AC	
Kevin J. Zimmerman							
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
1505 Virginia Ave.				1		İ	25.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Columbus	0 h	43212		ck			
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Michael C. Ring							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
5101 Gardenway Ct.							25.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Gahanna	lo h	43230	i i	ck			

Cill in the haves helow only on the last name 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	
Total Controllerons and Over		Page Total \$205.00_

^{*} 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)]