

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Marilyn Brown</b>					
Full Name of Contributor <b>Kathleen E. Hoke</b>				Registration Number, if PAC	
Street Address <b>646 S. Roys Ave.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   9   0   6</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43204</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Kimberly A Gibson</b>				Registration Number, if PAC	
Street Address <b>236 W 2nd Ave</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43201</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Christopher J Gawronski</b>				Registration Number, if PAC	
Street Address <b>221 West Pacemont Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>40.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43202</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Kathy N. Nicholson</b>				Registration Number, if PAC	
Street Address <b>276 E. Tulane Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>40.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43202</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Ann Joyce</b>				Registration Number, if PAC	
Street Address <b>95 Brevoort Rd.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43214</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Kevin J. Zimmerman</b>				Registration Number, if PAC	
Street Address <b>1505 Virginia Ave.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   h</b>	Zip Code <b>43212</b>		Form (Cash, Check, etc) <b>ck</b>	
Full Name of Contributor <b>Michael C. Ring</b>				Registration Number, if PAC	
Street Address <b>5101 Gardenway Ct.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount <b>25.00</b>
City <b>Gahanna</b>	State <b>O   h</b>	Zip Code <b>43230</b>		Form (Cash, Check, etc) <b>ck</b>	

\* 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 \$ 205.00