

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 Manoj Sethi				Registration Number, if PAC			
Street Address 7674 Johntimm Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	600.00
City Dublin		State O	H	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor Kevin Bainter				Registration Number, if PAC			
Street Address 2092 Wagon Trail		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	200.00
City Reynoldsburg		State O	H	Zip Code 43068		Form(Cash,Check,etc) Check	
Full Name of Contributor David Hetzler				Registration Number, if PAC			
Street Address 6121 Huntley Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	200.00
City Columbus		State O	H	Zip Code 43229		Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen Grassbaugh				Registration Number, if PAC			
Street Address 996 Neil Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name of Contributor Don Brown				Registration Number, if PAC			
Street Address 3921 Lytham Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	300.00
City Upper Arlington		State O	H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Sara Fusco				Registration Number, if PAC			
Street Address 1112 Weybridge		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	40.00
City Columbus		State O	H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Connor Behal LLP				Registration Number, if PAC			
Street Address 501 S High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	250.00
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check	

* 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 \$ 1,840.00