

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 Vorys Sater Seymour and Pease LLP				Registration Number, if PAC OH109	
Street Address 52 E Gay Street	Employer/Occupation/Labor Organization*		M 1	D 1	Y 2
City Columbus	State O	Zip Code 43215	9	0	6
			Form(Cash,Check,etc) Check		Amount 1,500.00
Full Name of Contributor William Flaherty					
Street Address 2081 Tremont Road				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43221	M 1	D 2	Y 0
			3	0	6
			Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor William Habig					
Street Address 3708 Raccoon Valley Road				Employer/Occupation/Labor Organization*	
City Granville	State O	Zip Code 43023	M 1	D 2	Y 0
			3	0	6
			Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Stanley Dritz					
Street Address 50 W Broad Street				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43215	M 1	D 2	Y 0
			3	0	6
			Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert Weiler					
Street Address 41 S High Street				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43215	M 1	D 2	Y 0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Willaim Goldman					
Street Address 500 S Front Street				Employer/Occupation/Labor Organization*	
City Columbus	State O	Zip Code 43215	M 1	D 2	Y 0
			6	0	6
			Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
			Form(Cash,Check,etc)		Amount

* 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 \$ 2,600.00