

Event Date	12/12/06
Page	4

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 Robert Basbagill				Registration Number, if PAC			
Street Address 663 Youn Kin Pkwy		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	250.00
City Columbus	State O	H	Zip Code 43207	Form(Cash,Check,etc) Check			
Full Name of Contributor AT&T Inc Ohio Employee Political Action Committee				Registration Number, if PAC COO377044			
Street Address 150 E Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	250.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gabriel Mastin				Registration Number, if PAC			
Street Address 146 Sherbrook		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	50.00
City Mansfield	State O	H	Zip Code 44907	Form(Cash,Check,etc) Check			
Full Name of Contributor Rory McGuiness				Registration Number, if PAC			
Street Address 1430 Cross Creek Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	50.00
City Columbus	State O	H	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Hannah Jones				Registration Number, if PAC			
Street Address 7091 Gallant Fox Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	52.00
City New Albany	State O	H	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Kelli Hykes				Registration Number, if PAC			
Street Address 5372 Cherry Bud Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	50.00
City Columbus	State O	H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Andrew Eribo				Registration Number, if PAC			
Street Address 4635 Carrington Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	500.00
City Hilliard	State O	H	Zip Code 43026	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 \$ 1,202.00