

Event Date 7/29/06

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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 David K. Hull				Registration Number, if PAC	
Street Address 5689 Strathmore Lane		Employer/Occupation/Labor Organization*		M D Y 0 7 2 9 0 6	Amount 25.00
City Dublin	State O h	Zip Code 43017		Form (Cash, Check, etc) ck	
Full Name of Contributor Florene Stoltz				Registration Number, if PAC	
Street Address 368 E. Stanton Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount 25.00
City Columbus	State O h	Zip Code 43214		Form (Cash, Check, etc) ck	
Full Name of Contributor Jack Dawson				Registration Number, if PAC	
Street Address 1390 Broadview Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount 25.00
City Columbus	State O h	Zip Code 43212		Form (Cash, Check, etc) ck	
Full Name of Contributor Judith A. Kress				Registration Number, if PAC	
Street Address 119 E. Longview Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount 25.00
City Columbus	State O h	Zip Code 43202		Form (Cash, Check, etc) ck	
Full Name of Contributor Marc V. Conte				Registration Number, if PAC	
Street Address 863 Kleiner Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount 25.00
City Columbus	State O h	Zip Code 43215		Form (Cash, Check, etc) ck	
Full Name of Contributor Gregg Dodd				Registration Number, if PAC	
Street Address 1616 Franklin Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount 30.00
City Columbus	State O h	Zip Code 43205		Form (Cash, Check, etc) ck	
Full Name of Contributor Stephen P. Ahearne-Kroll				Registration Number, if PAC	
Street Address 107 Brevoort Rd.		Employer/Occupation/Labor Organization*		M D Y	Amount 50.00
City Columbus	State O h	Zip Code 43214		Form (Cash, Check, etc) ck	

* 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