

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
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 1   2   0   6	Amount 250.00
City Columbus	State   Zip Code O   H 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 1   2   0   6	Amount 250.00
City Columbus	State   Zip Code O   H 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 1   2   0   6	Amount 50.00
City Mansfield	State   Zip Code O   H 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 1   2   0   6	Amount 50.00
City Columbus	State   Zip Code O   H 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 1   2   0   6	Amount 52.00
City New Albany	State   Zip Code O   H 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 1   2   0   6	Amount 50.00
City Columbus	State   Zip Code O   H 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 1   2   0   6	Amount 500.00
City Hilliard	State   Zip Code O   H 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