

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