

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 Ira C. Thompson				Registration Number, if PAC			
Street Address 655-I Providence Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick A. Vierow						Registration Number, if PAC	
Street Address 6670 Haymore Avenue West		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	150.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor William J Walker						Registration Number, if PAC	
Street Address 10202 N Crosset Hill Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City Pickerington		State O H	Zip Code 43147	Form(Cash,Check,etc) Check			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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
2,305.00

Total expenditures this event
339.00

Page Total \$ 225.00