

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
<b>Friends of Marilyn Brown</b>			
Full Name of Contributor <b>Jeffrey Loeser</b>		Registration Number, if PAC	
Street Address <b>107 East 14th Ave</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>James Schottenstein</b>		Registration Number, if PAC	
Street Address <b>2300 Commonwealth Park N</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Kopech and O'Grady LLC</b>		Registration Number, if PAC	
Street Address <b>500 S Front Street</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Joseph Mas</b>		Registration Number, if PAC	
Street Address <b>439 Colonial Ave</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$250.00</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Wonnell and Wonnell</b>		Registration Number, if PAC	
Street Address <b>330 S High Street</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Kristen McKinley</b>		Registration Number, if PAC	
Street Address <b>3656 Cannongate Dr</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>	Form (Cash, Check, etc.) <b>Check</b>
Full Name of Contributor <b>Jo Kaiser</b>		Registration Number, if PAC	
Street Address <b>2103 Scenic Drive</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>1   0   0   5   0   6</b>	Amount <b>\$150.00</b>
City <b>Lancaster</b>	State <b>OH</b>	Zip Code <b>43130</b>	Form (Cash, Check, etc.) <b>Check</b>

\* 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 also 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

<b>\$0.00</b>
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Total expenditures this event.

<b>\$0.00</b>
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<b>Page Total \$ 1,525.00</b>
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