

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)					
Full Name of Contributor ROGER KOECK				Registration Number, if PAC	
Street Address 6257 EMBERWOOD RD.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc) CHECK		Amount 40.00
Full Name of Contributor ANGELA ALBERT BROWN*				Registration Number, if PAC	
Street Address 536 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CHECK		Amount 200.00
Full Name of Contributor MARK SABATH				Registration Number, if PAC	
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CHECK		Amount 300.00
Full Name of Contributor TIMOTHY D. D'ANGELO				Registration Number, if PAC	
Street Address 33 E. COLUMBUS	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor MAURICE HENDERSON*				Registration Number, if PAC	
Street Address 336 S. HIGH ST. SUITE 203	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CASH		Amount 100.00
Full Name of Contributor ERIC HOFFMAN*				Registration Number, if PAC	
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CASH		Amount 50.00
Full Name of Contributor TERRENCE SCOTT				Registration Number, if PAC	
Street Address PO BOX 7076	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City COLUMBUS	State OH	Zip Code 43205	Form (Cash, Check, etc) CASH		Amount 20.00

* 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

1990.00

Total expenditures this event

0 (in-kind only)

Page Total \$ 810.00