

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 JOHN ALASTRA			Registration Number, if PAC			
Street Address 752 N. STATE ST. 229	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City WESTERVILLE	State O H	Zip Code 43082	Form (Cash, Check, etc) CHECK			
Full Name of Contributor THOMAS FRIEDMAN*			Registration Number, if PAC			
Street Address 502 S. THIRD ST.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 40.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK			
Full Name of Contributor MERISA BOWERS			Registration Number, if PAC			
Street Address 400 S. HIGH ST. STE. 101	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK			
Full Name of Contributor SHERI FOSTER			Registration Number, if PAC			
Street Address 349 ABBOSBURT DR.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 100.00
City WESTERVILLE	State O H	Zip Code 43082	Form (Cash, Check, etc) CHECK			
Full Name of Contributor LINDA LEAH REIBEL			Registration Number, if PAC			
Street Address 39 ORCHARD DR.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City WORTHINGTON	State O H	Zip Code 43085	Form (Cash, Check, etc) CHECK			
Full Name of Contributor WARREN TYLER			Registration Number, if PAC			
Street Address 3409 RIVER SEINE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 250.00
City COLUMBUS	State O H	Zip Code 43221	Form (Cash, Check, etc) CHECK			
Full Name of Contributor THE LAW OFFICES OF KENNETH R. KLINE LLC*			Registration Number, if PAC			
Street Address 250 CIVIC CENTER DR. SUITE 630	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 200.00
City COLUMBUS	State O H	Zip Code 43215	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

1990.00

Total expenditures this event

(in kind only)

Page Total \$ **790.00**