

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 LEEANN MASSUCCI | | | Registration Number, if PAC | | | |
| Street Address 2509 CANTERBURY RD. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 43221 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor LUMUMBA TOURE MCCORD | | | Registration Number, if PAC | | | |
| Street Address 844 S. FRONT ST. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 43206 | Form(Cash,Check,etc) CASH | | | |
| Full Name of Contributor KERRY MCCORMICK | | | Registration Number, if PAC | | | |
| Street Address 79 THURMAN AVE. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 43206 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor MARIO NAPOLET | | | Registration Number, if PAC | | | |
| Street Address 1900 POLARIS PKWY, STE. 450 | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 43240 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor RONALD PETROFF* (COURT APPOINTED ATTORNEY) | | | Registration Number, if PAC | | | |
| Street Address 140 E. TOWN ST., STE. 1070 | Employer/Occupation/Labor Organization* MCNAIR PETROFF LLC | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 43215 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor CHARLES PRESTON | | | Registration Number, if PAC | | | |
| Street Address 1265 NEIL AVE. | Employer/Occupation/Labor Organization* | | M 0 | D 1 | Y 2 | Amount 250.00 |
| City COLUMBUS | State O | Zip Code H 43201 | Form(Cash,Check,etc) CHECK | | | |
| Full Name of Contributor RYAN SCOTT* (COURT APPOINTED ATTORNEY) | | | Registration Number, if PAC | | | |
| Street Address 115 W. MAIN ST., STE. 200 | Employer/Occupation/Labor Organization* SELF | | M 0 | D 1 | Y 2 | Amount 100.00 |
| City COLUMBUS | State O | Zip Code H 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

5,575.00

Total expenditures this event

304.86

Page Total \$ 850.00