31-E
R.C. 3517.10(B)

Event Date 6/17/10
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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	Registration Number, if PAC					
BRISCOE AND WEBBER CO., LPA						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
400 S. 5TH ST. STE. 102	BY COLLEEN BRISCOE	06	17	10	500.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43215	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
JANET A. GRUBB* (ATTORNEY AT CRABBE, BROWN &						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4062 GEORGESVILLE WRIGHTSVL RI	JAMES, LLP	06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
GROVE CITY	OH	43123	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
DOUGHERTY, HANNEMAN & SNEDAKER, LLC						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
3010 HAYDEN RD.	BY DOUG DOUGHERTY	06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43235	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
JACK & SNYDER, ATTORNEYS AT LAW						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
572 E. RICH ST.	BY ARNOLD JACK	06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43215	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
HARVEY M. SAMUELS						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
500 S. FRONT ST. STE. 1150		06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
COLUMBUS	OH	43215	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
EDWARD F. WHIPPS						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
51 HIGHLAND CT.		06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
PATASKALA	OH	43062	CHECK			
Full Name of Contributor	**Registration Number, if PAC**					
JODELLE M. D'AMICO						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
7110 E. LIVINGSTON AVE.		06	17	10	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
REYNOLDSBURG	OH	43068	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

Total expenditures this event

Page Total $ 1,100.00