

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 TROY DOUCET			Registration Number, if PAC			
Street Address 4525 CANDLEWICK CIRCLE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 35.00
City COLUMBUS	State O	Zip Code H 43230	Form(Cash,Check,etc) CHECK			
Full Name of Contributor WILLIAM FRIEDMAN			Registration Number, if PAC			
Street Address 76 ASHBOURNE ROAD	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 100.00
City COLUMBUS	State O	Zip Code H 43209	Form(Cash,Check,etc) CHECK			
Full Name of Contributor SCOTT FRIEDMAN			Registration Number, if PAC			
Street Address 7706 SUTTON PL.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 35.00
City NEW ALBANY	State O	Zip Code H 43054	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KENNETH GOLDBERG			Registration Number, if PAC			
Street Address 575 S. 3RD ST.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 100.00
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KELLY GWIN			Registration Number, if PAC			
Street Address 1309 W. 7TH AVE.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 35.00
City COLUMBUS	State O	Zip Code H 43212	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARK A. HERDER			Registration Number, if PAC			
Street Address 901 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0410	Amount 35.00
City COLUMBUS	State O	Zip Code H 43206	Form(Cash,Check,etc) CASH			
Full Name of Contributor ERIC HOFFMAN* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC			
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization* SELF		M 0	D 3	Y 0410	Amount 35.00
City COLUMBUS	State O	Zip Code H 43215	Form(Cash,Check,etc) CASH			

* 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

 0.00

Page Total \$ 375.00