

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 ALEKS BABAMOVSKI				Registration Number, if PAC	
Street Address 1129 BLACK GOLD PL.	Employer/Occupation/Labor Organization*		M	D	Y
			1	0	2
City COLUMBUS	State O	Zip Code 43230	1	1	0
			Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor LARRY THOMAS				Registration Number, if PAC	
Street Address 1058 MT. VERNON AVE.	Employer/Occupation/Labor Organization*		M	D	Y
			1	0	2
City COLUMBUS	State O	Zip Code 43203	1	1	0
			Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor ROBERT BEHAL				Registration Number, if PAC	
Street Address 501 S. HIGH ST.	Employer/Occupation/Labor Organization*		M	D	Y
			1	0	2
City COLUMBUS	State O	Zip Code 43215	1	1	0
			Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor CECILY L. FERRIS*				Registration Number, if PAC	
Street Address 905 S. HIGH ST.	Employer/Occupation/Labor Organization*		M	D	Y
	ATTORNEY/SELF		1	0	2
City COLUMBUS	State O	Zip Code 43206	1	1	0
			Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor JO E. KAISER*				Registration Number, if PAC	
Street Address 389 LIBRARY PARK CT.	Employer/Occupation/Labor Organization*		M	D	Y
	ATTORNEY/SELF		1	0	2
City COLUMBUS	State O	Zip Code 43215	1	1	0
			Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor JANIE D. ROBERTS*				Registration Number, if PAC	
Street Address 350 S. HIGH ST., STE. 200	Employer/Occupation/Labor Organization*		M	D	Y
	ATTORNEY/SELF		1	0	2
City COLUMBUS	State O	Zip Code 43215	1	1	0
			Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor JOEL R. CAMPBELL*				Registration Number, if PAC	
Street Address 575 S. THIRD ST.	Employer/Occupation/Labor Organization*		M	D	Y
	ATTORNEY/SELF		1	0	2
City COLUMBUS	State O	Zip Code 43215	1	1	0
			Form(Cash,Check,etc) CHECK		Amount 50.00

* 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

Total expenditures this event

Page Total \$ 450.00