

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 BRIAN BURRIER* (ATTORNEY)				Registration Number, if PAC	
Street Address ONE AMERICANA BUILDING, #302		Employer/Occupation/Labor Organization* GERRITY AND BURRIER		M D Y 0 6 1 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT A. BRACCO*					
Street Address 3535 W. HENDERSON RD.		Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 0 6 1 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DOUGHERTY, HANNEMAN & SNEDAKER, LLC BY					
Street Address 3010 HAYDEN RD.		Employer/Occupation/Labor Organization* JAMES HANNEMAN		M D Y 0 6 1 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANGELA ALBERT BROWN*					
Street Address 536 S. HIGH ST.		Employer/Occupation/Labor Organization* ATTORNEY/SELF		M D Y 0 6 1 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor HEATHER DESKINS					
Street Address 324 S. MARION ST.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 100.00
City CARDINGTON		State O H	Zip Code 43315	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS H. BAINBRIDGE					
Street Address 2190 LANE WOODS DR.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARYELLEN REASH					
Street Address 7658 STANWICK CT.		Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 100.00
City DUBLIN		State O H	Zip Code 43016	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

Total expenditures this event

Page Total \$ 700.00