

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 KELLY LAW OFFICE, LLC				Registration Number, if PAC	
Street Address 111 W. RICH ST., STE. 600		Employer/Occupation/Labor Organization* BY JOSEPH KELLY		M D Y 0 7 3 1 1 0	Amount 400.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CRABBE, BROWN & JAMES				Registration Number, if PAC	
Street Address 500 S. FRONT ST., STE. 1200		Employer/Occupation/Labor Organization* BY LARRY JAMES		M D Y 0 7 3 1 1 0	Amount 350.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THE LAW OFFICE OF ANTHONY W. GRECO, LPA				Registration Number, if PAC	
Street Address 6810-12 CAINE RD.		Employer/Occupation/Labor Organization* BY ANTHONY GRECO		M D Y 0 7 3 1 1 0	Amount 250.00
City COLUMBUS		State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BREHM AND ASSOCIATES, LPA				Registration Number, if PAC	
Street Address 604 E. RICH ST., STE. 2100		Employer/Occupation/Labor Organization* BY ERIC BREHM		M D Y 0 7 3 1 1 0	Amount 400.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor HEATHER LARKIN				Registration Number, if PAC	
Street Address 804 CONESTOGA DR.		Employer/Occupation/Labor Organization* BY ERIC BREHM		M D Y 0 7 3 1 1 0	Amount 375.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CECILY FERRIS* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 905 S. HIGH ST.		Employer/Occupation/Labor Organization* SELF/ATTORNEY		M D Y 0 7 3 1 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT ESSEX				Registration Number, if PAC	
Street Address 15 BURREED CT.		Employer/Occupation/Labor Organization* BY ERIC BREHM		M D Y 0 7 3 1 1 0	Amount 75.00
City PATASKALA		State O H	Zip Code 43062	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 \$ 1,950.00