31-E R.C. 3517.10(B)

Event Date	9/21/10
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full	TD\							
REELECT JUDGE BROWNE! (R	[R)							
Full Name of Contributor ROBERT A. KOBLENTZ			Registra	ition Nuπ	iber, if	PAC		
Street Address	Employer/Occup	М	D	Y	Amount			
2205 FAIRFAX RD.		0 9	21	11	0	65.00		
City	State	Zip Code	Form(C	ash,Chec		-	waan na bag gibi e	
COLUMBUS	_ Lo   H				CHECK			
Full Name of Contributor			Registra	ation Nun	iber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*		— <u>—</u> м	D	Y	Amount		
	,,	0	Ιĭ		i iiii dani			
City	State	Zip Code		ash,Chee	k.etc)		ा शक्राकेणदिशास्त्रिक <sub>स्ट</sub> र्	
	1			,	,,,,,,			
Full Name of Contributor			Registra	ition Nun	iber, if	PAC		
			1					
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
			1 1	1 1	1 1			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
							and the same of	
Full Name of Contributor			Registra	ation Nun	iber, it	PAC .		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City	State Zip Code		Form(Cash,Check,etc)					
Full Name of Contributor	<del></del>		Registra	ation Nun	nber, if	PAC		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
				1 1				
City	State Zip Code		Form(Cash,Check,etc)				And the second of the second o	
]								
Full Name of Contributor			Registra	ation Nun	nber, if	fPAC .		
Street Address	Employer/Occup	<del>-</del> M	D	Y	Amount			
	, , , , , , , , , , , , , , , , , , , ,	İ		Τì				
City	State	Zip Code	Form(C	ash,Chec	k,ete)	-	7.0	
Full Name of Contributor	<del>!</del>	<u> </u>	Registra	ation Nun	nber, if	ГРАС	· ·	
Street Address	Employer/Occupation/Labor Organization*		М	D	ΙΥ	Amount		
S. C.	isinproyer/Occut	"	l "i	l i				
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
						ja		

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	Tatal are an diturn this are and	
rotal conditions mis event	Total expenditures this event	
		Page Total \$ 65.00
l .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

<sup>\*</sup> 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)]