

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 FRIEDMAN & MIRMAN CO., LPA				Registration Number, if PAC	
Street Address 1320 DUBLIN RD STE 101	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43215	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor JANICE FLOWERS*				Registration Number, if PAC	
Street Address 4449 EASTON WAY FL 2	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43219	Form (Cash, Check, etc) CHECK		Amount 150.00
Full Name of Contributor CYNTHIA ROY				Registration Number, if PAC	
Street Address 389 HELMBRIGHT DR.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City GAHANNA	State O	Zip Code 43230	Form (Cash, Check, etc) CHECK		Amount 150.00
Full Name of Contributor TOKI CLARK				Registration Number, if PAC	
Street Address 341 S. 3RD ST. STE 201	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43215	Form (Cash, Check, etc) CHECK		Amount 150.00
Full Name of Contributor KENNETH KLINE*				Registration Number, if PAC	
Street Address 973 N. 6TH ST.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43201	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor GREGG LEWIS				Registration Number, if PAC	
Street Address 625 CITY PARK AVE.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43206	Form (Cash, Check, etc) CHECK		Amount 158.00
Full Name of Contributor LEEANN MASSUCCI*				Registration Number, if PAC	
Street Address 2509 CANTERBURY RD.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 11
City COLUMBUS	State O	Zip Code 43221	Form (Cash, Check, etc) CHECK		Amount 100.00

* 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 \$ 908.00