

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>					
Full Name of Contributor <b>JOEL CAMPBELL *</b>				Registration Number, if PAC	
Street Address <b>575 S. THIRD ST.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>250.00</b>
Full Name of Contributor <b>KELLY LAW OFFICE, LLC</b>				Registration Number, if PAC	
Street Address <b>111 W. RICH ST., SUITE 600</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>40.00</b>
Full Name of Contributor <b>CONNIE HALL LLC *</b>				Registration Number, if PAC	
Street Address <b>3783 BROADWAY</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>15</b>
City <b>GROVE CITY</b>	State <b>OH</b>	Zip Code <b>43123</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>100.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y 
City	State 	Zip Code	Form (Cash, Check, etc)		Amount

\* 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

1990.00

Total expenditures this event

0 (in-kind only)

Page Total \$ 390.00