

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 SUSAN WORKMAN-TAYLOR				Registration Number, if PAC	
Street Address 4115 MAIN ST.	Employer/Occupation/Labor Organization*		M	D	Y
City HILLIARD	State O	Zip Code 43026	0	8	2
			1	0	Amount 50.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JANICE M. FLOWERS*					
Street Address 4449 EASTON WAY, 2ND FLOOR				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
ATTORNEY/SELF		0	8	2	1
City COLUMBUS	State O	Zip Code 43219	0	8	2
			1	0	100.00
Form(Cash,Check,etc) 43219					
Full Name of Contributor RICHARD L. MORRIS CO., LPA BY RICHARD MORRIS*					
Street Address 457 WATERBURY COURT, STE. A				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
ATTORNEY/SELF		0	8	2	1
City GAHANNA	State O	Zip Code 43230	0	8	2
			1	0	250.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor BLAISE BAKER					
Street Address 600 S. HIGH ST., STE. 201				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	8	2	1
City COLUMBUS	State O	Zip Code 43215	0	8	2
			1	0	150.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JOHN H. MASON					
Street Address 785 E. BROAD ST.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	8	2	1
City COLUMBUS	State O	Zip Code 43205	0	8	2
			1	0	100.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor KATHLEEN GULLA					
Street Address 609 TETERIDGE RD.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	8	2	1
City COLUMBUS	State O	Zip Code 43214	0	8	2
			1	0	200.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor DITTY FINANCIAL ADVISORS LLC					
Street Address 3010 HAYDEN RD.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
BY WILLIAM DITTY		0	8	2	1
City COLUMBUS	State O	Zip Code 43235	0	8	2
			1	0	100.00
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 \$ 950.00