

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 CATHERINE WHITE*			Registration Number, if PAC	
Street Address 145 E. LIVINGSTON AVE.	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 0 8 1 5	Amount 175.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor WILLIAM DITTY			Registration Number, if PAC	
Street Address 6065 FRANTZ RD. SUITE 101	Employer/Occupation/Labor Organization* SELF/ ACCOUNTANT		M D Y 1 2 1 4 1 5	Amount 400.00
City DUBLIN	State O H	Zip Code 43017	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARTY ANDERSON			Registration Number, if PAC	
Street Address 3409 RIVER SEINE ST.	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 1 0 1 5	Amount 500.00
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor EIMEAR BAHNSON*			Registration Number, if PAC	
Street Address 250 CIVIC CENTER, STE. 630	Employer/Occupation/Labor Organization* LAW FIRM/ ATTORNEY		M D Y 1 2 0 8 1 5	Amount 175.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CREDIT CARD	
Full Name of Contributor BRADLEY FRICK			Registration Number, if PAC	
Street Address 1265 NEIL AVE.	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 1 2 4 1 5	Amount 350.00
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

4,950.00

Total expenditures this event

2,252.71

Page Total \$ 1,600.00