

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 PAUL LEE* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC		
Street Address 920 BRYDEN AVE.	Employer/Occupation/Labor Organization* SELF	M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O H	Zip Code 43205	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JOY MARSHALL			Registration Number, if PAC		
Street Address PO BOX 91154	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 50.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK		
Full Name of Contributor DENISE MIRMAN			Registration Number, if PAC		
Street Address 1446 BRIARMEASOW DR.	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK		
Full Name of Contributor PAUL MORRISON* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC		
Street Address 1001 ESTER DR.	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O H	Zip Code 43207	Form(Cash,Check,etc) CASH		
Full Name of Contributor LINDA MOSBACHER* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC		
Street Address 6381 CLARK STATE RD.	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 35.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JAMES PARDI, II* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC		
Street Address 500 S. FRONT ST., STE. 1150	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor TAMARA PARKER			Registration Number, if PAC		
Street Address 1461 FAIR AVE.	Employer/Occupation/Labor Organization*	M 0	D 3	Y 0	Amount 40.00
City COLUMBUS	State O H	Zip Code 43205	Form(Cash,Check,etc) CASH		

* 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

0.00

Page Total \$ 265.00