

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! (R/B)							
Full Name of Contributor PETROFF LAW OFFICES, LLC				Registration Number, if PAC			
Street Address 140 E. TOWN ST., STE 1070		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43215		0	9	11	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor MARTIN NOBUHISA BABA				Registration Number, if PAC			
Street Address 4030 LONGHILL RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43220		0	9	11	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor GARY J GOTTFRIED CO. LPA				Registration Number, if PAC			
Street Address 608 OFFICE PARKWAY, SUITE B		Employer/Occupation/Labor Organization*		M	D	Y	Amount
WESTERVILLE		OH 43082		0	8	30	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor NANCY M BATTISTA-ALLEN				Registration Number, if PAC			
Street Address 284 HIGHMEADOWS VILLAGE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
POWELL		OH 43065		0	9	11	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor ROBERT H. SNEDAKER III				Registration Number, if PAC			
Street Address 3010 HAYDEN RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43235		0	9	11	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor CHRISTOPHER GEER				Registration Number, if PAC			
Street Address 844 OLD FARM ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43213		0	9	11	175.00
Form(Cash,Check,etc) CHECK							
Full Name of Contributor MELISSA BLACK				Registration Number, if PAC			
Street Address 727 MONTROSE AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
BEXLEY		OH 43209		0	9	11	175.00
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

3,485.00

Total expenditures this event

2115.90

Page Total \$ 1,225.00