Event Date	10/27/16
Page	6

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Sccretary of State 3/05 Name of Committee in Full REELECT JUDGE BROWNE! (RIB) Full Name of Contributor Registration Number, if PAC PERCY SQUIRE Street Address Employer/Occupation/Labor Organization* D 341 S. THIRD ST. SUITE 101 1 0 2 7 1 6 50.00 Zip Code Form(Cash,Check,etc) COLUMBUS | H 43215 **CASH** Registration Number, if PAC KIM BENINCASA Street Address Employer/Occupation/Labor Organization* 406 OLIVE ST 1 0 2 7 1 6 50.00 City Zip Code Form(Cash,Check,etc) ZANESVILLE H 43701 **CHECK** Full Name of Contributor Registration Number, if PAC AMANDA SIMS* Employer/Occupation/Labor Organization* **164 NURSERY LANE** 1 0 2 7 1 6 150.00 City Zip Code Form(Cash,Check,etc) COLUMBUS H 43206 **CHECK** Full Name of Contributor Registration Number, if PAC VINCENT A DUGAN JR Street Address Employer/Occupation/Labor Organization* D 923 E BROAD ST 1 0 2 7 1 6 100.00 State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43205 **CHECK** Full Name of Contributor Registration Number, if PAC CHRISTOPHER GEER Employer/Occupation/Labor Organization* Amount 844 OLD FARM RD 1 0 2 7 1 6 100.00 City Zip Code Form(Cash,Check,etc) **COLUMBUS** $O \mid H$ 43213 CHECK Full Name of Contributor Registration Number, if PAC TIMOTHY GERRITY Street Address Employer/Occupation/Labor Organization* Amount 1001 MEEKLYNN DR 1 0 2 7 1 6 100.00 State Zip Code Form(Cash,Check,etc) **COLUMBUS** 43235 CHECK Full Name of Contributor Registration Number, if PAC KEMP, SCHAEFFER & ROWE CO., LPA Employer/Occupation/Labor Organization* 88 W. MOUND ST 1 0 2 7 1 6 100.00 Zip Code Form(Cash,Check,etc) COLUMBUS 43215 **CHECK** H

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 S 650,00

^{*} 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)]