

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 JOSEPH KELLY*			Registration Number, if PAC	
Street Address 111 W. RICH ST., SUITE 600	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 JAMES HANNEMAN			Registration Number, if PAC	
Street Address 3010 HAYDEN RD.	Employer/Occupation/Labor Organization* SELF / ATTORNEY		M D Y 1 2 0 8 1 5	Amount 200.00
City COLUMBUS	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT SNEDAKER			Registration Number, if PAC	
Street Address 3010 HAYDEN RD.	Employer/Occupation/Labor Organization* SELF / ATTORNEY		M D Y 1 2 0 8 1 5	Amount 100.00
City COLUMBUS	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DOUGLAS DOUGHERTY			Registration Number, if PAC	
Street Address 3010 HAYDEN RD.	Employer/Occupation/Labor Organization* SELF / ATTORNEY		M D Y 1 2 0 8 1 5	Amount 100.00
City COLUMBUS	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KENNETH KLINE*			Registration Number, if PAC	
Street Address 973 N. 6TH ST.	Employer/Occupation/Labor Organization* SELF / ATTORNEY		M D Y 1 2 0 8 1 5	Amount 200.00
City COLUMBUS	State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK	
Full Name of Contributor HARVEY SAMUELS			Registration Number, if PAC	
Street Address 500 S. FRONT ST., SUITE 1150	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 MICHAEL DELLIGATTI*			Registration Number, if PAC	
Street Address 500 S. FRONT ST., SUITE 1150	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	

* 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 \$ 1,125.00