

Event Date	040810
Page	19

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 GERALD BABBITT				Registration Number, if PAC	
Street Address 503 S. FRONT ST., STE. 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 575.00
Full Name of Contributor JAMES BROWN				Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 60.00
Full Name of Contributor JEFFREY BROWN				Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 60.00
Full Name of Contributor ROBERT BURMAN				Registration Number, if PAC	
Street Address 601 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 400.00
Full Name of Contributor EUGENE BUTLER				Registration Number, if PAC	
Street Address 145 E. RICH ST., 2ND FLOOR	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BEVERLY CORNER* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 5918 SHARONWOODS BLVD. 100	Employer/Occupation/Labor Organization* SELF		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43229	Form(Cash,Check,etc) CASH		Amount 60.00
Full Name of Contributor STEPHEN W. DAULTON& ASSOC., LPA				Registration Number, if PAC	
Street Address 336 S. HIGH ST.	Employer/Occupation/Labor Organization* BY STEPHEN DAULTON		M 0	D 4	Y 0
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 500.00

* 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)]

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 \$ 1,755.00