

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>							
Full Name of Contributor <b>ABE BAHGAT*</b>				Registration Number, if PAC			
Street Address <b>338 S. HIGH ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	11	150.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JACQUELINE KEMP</b>				Registration Number, if PAC			
Street Address <b>88 W. MOUND ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	11	300.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>RONALD PETROFF</b>				Registration Number, if PAC			
Street Address <b>140 E. TOWN ST. SUITE 1070</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	11	100.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CREDIT CARD</b>			
Full Name of Contributor <b>EIMEAR BAHNISON*</b>				Registration Number, if PAC			
Street Address <b>250 CIVIC CENTER DR., STE 630</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	11	100.00
City <b>COLUMBUS</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CREDIT CARD</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State		Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State		Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State		Zip Code	Form(Cash,Check,etc)			

\* 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

Page Total \$ 650.00