

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 ELAINE BUCK			Registration Number, if PAC		
Street Address 1570 FISHINGER RD., STE. 200	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43221	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANTHONY DELLIGATTI			Registration Number, if PAC		
Street Address 366 E. BROAD ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL DELLIGATTI			Registration Number, if PAC		
Street Address 500 S. FRONST ST., STE. 1150	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor VINCENT DUGAN			Registration Number, if PAC		
Street Address 500 S. FOURTH ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43206	Amount 500.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CECILY FERRIS* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC		
Street Address 253 KOSSUTH ST., STP. F	Employer/Occupation/Labor Organization* SELF		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43206	Amount 100.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor CAROL FEY			Registration Number, if PAC		
Street Address PO BOX 9124	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43209	Amount 75.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor GERRITY & BURRIER, LTD.			Registration Number, if PAC		
Street Address 400 S. FIFTH ST., STE. 302	Employer/Occupation/Labor Organization* BY TIMOTHY GERRITY		M 0	D 1	Y 2
City COLUMBUS	State O	Zip Code 43215	Amount 100.00	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

5,575.00

Total expenditures this event

304.86

Page Total \$ 1,075.00