Event Date	012710
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
REELECT JUDGE BROWNE! (RJB)						
Full Name of Contributor		Registration Number, if PAC				
ELAINE BUCK			M D			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Amount	
1570 FISHINGER RD., STE. 200			0 1 2 7			100.00
City	State	Zip Code	Form(Cash,Chec	888		
COLUMBUS	$O \mid H$	43221	CHEC	The second secon		
Full Name of Contributor			Registration Number, if PAC			
ANTHONY DELLIGATTI	M D					
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		1 " 1	Amount	400.00
366 E. BROAD ST.				10		100.00
City	State	Zip Code	Form(Cash,Chec	' ' 126		
COLUMBUS	O H	43215	CHEC	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		
Full Name of Contributor	Name of Contributor Registration Number, if PAC					
MICHAEL DELLIGATTI Street Address Employer/Occupation/Labor Organization* M D Y Amount						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		1 8	Amount	100.00
500 S. FRONST ST., STE. 1150				10	usanoni dell'oni	100.00
City	State	Zip Code	Form(Cash,Chec			
COLUMBUS	<u> </u>	43215	CHEC	SATISATIVA AND CONTRACTOR OF THE PARTY OF TH		
Full Name of Contributor			Registration Nur	nber, if PAC	;	
VINCENT DUGAN			M D	1 1/2		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		1 8	Amount	500.00
500 S. FOURTH ST.				1 0		300.00
City	State	Zip Code	Form(Cash,Chec	. 55		
COLUMBUS	10 H	43206	Registration Nu	and the second s		
Full Name of Contributor	ED ATTOD	NTCN/)	Registration Nu	moer, ii PAC		
CECILY FERRIS* (COURT APPOINT	ED ATTORI	NEY) ation/Labor Organization*	M D	Υ /	Amount	
Street Address		ation/Lagor Organization	1 1	10	ranoun	100.00
253 KOSSUTH ST., STP. F	SELF State	Zip Code	Form(Cash,Che			100.00
COLLIMBLIC	1 77	43206	, ,			
COLUMBUS	O H 43206		CASH Registration Number, if PAC			
Full Name of Contributor	Registration Number, in 1750.					
CAROL FEY Street Address	Employer/Occup	ation/Labor Organization*	M D	Y /	Amount	
	Employer/Occupation/Labor Organization*		1 1	$7 \begin{vmatrix} 1 \end{vmatrix} 0$		75.00
PO BOX 9124	State Zip Code		Form(Cash,Che			, 5.50
COLUMBUS	OH	43209	CHE	. 10		
Full Name of Contributor	10 111 45209		Registration Number, if PAC			
GERRITY & BURRIER, LTD.						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Υ .	Amount	
400 S. FIFTH ST., STE. 302	1 ' ' '	BY TIMOTHY GERRITY		7 1 0		100.00
400 5. F1F 111 51., 51 E. 502	State	Zip Code	0 1 2 7 Form(Cash,Che			
COLUMBUS	OH	43215	CHE			
COLUMBOS		1 70210				

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	
		Dogo Total \$ 7

^{*} 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)]