

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 JOHN P. JOHNSON LAW OFFICE, LLC				Registration Number, if PAC	
Street Address 501 S. HIGH ST.	Employer/Occupation/Labor Organization* BY JOHN JOHNSON		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MICHAEL N. OSER				Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVE.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MICHAEL J. DELLIGATTI				Registration Number, if PAC	
Street Address 500 S. FRONT ST., STE. 1150	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor KENNETH R. KLINE				Registration Number, if PAC	
Street Address 973 N. 6TH ST.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JANET A. BENEDICT				Registration Number, if PAC	
Street Address 202 CLINTON HEIGHTS AVE.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43202	Form(Cash,Check,etc) CHECK		Amount 75.00
Full Name of Contributor LEEANN M. MASSUCCI				Registration Number, if PAC	
Street Address 2509 CANTERBURY RD.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor CHRISTOPHER J. MINNILLO				Registration Number, if PAC	
Street Address 1500 W. THIRD AVE. STE. 210	Employer/Occupation/Labor Organization*		M 0	D 6	Y 10
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 100.00

* 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

Page Total \$ 675.00