

Event Date 12/08/15

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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 ROBERT KOBLENTZ			Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVE.	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 0 2 1 5	Amount 300.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor GREGG R. LEWIS			Registration Number, if PAC	
Street Address 625 CITY PARK AVE.	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 0 4 1 5	Amount 250.00
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JENNIFER GOLDSON			Registration Number, if PAC	
Street Address 91 S. MERKLE RD.	Employer/Occupation/Labor Organization* FRICK LAW/ ATTORNEY		M D Y 1 2 0 8 1 5	Amount 200.00
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHRISTINE E. STREHL			Registration Number, if PAC	
Street Address 2601 OLDE HILL CT. N.	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 1 2 0 8 1 5	Amount 200.00
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BARRY WOLINETZ			Registration Number, if PAC	
Street Address 250 CIVIC CENTER DR. STE 220	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 0 8 1 5	Amount 600.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MEGAN BEYLAND			Registration Number, if PAC	
Street Address 1229 WATERS EDGE DRIVE	Employer/Occupation/Labor Organization* SAIA & PIATT/ ATTN		M D Y 1 2 0 8 1 5	Amount 175.00
City CENTERVILLE	State O H	Zip Code 45458	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RONALD PETROFF			Registration Number, if PAC	
Street Address 140 E. TOWN ST. SUITE 1070	Employer/Occupation/Labor Organization* SELF/ ATTORNEY		M D Y 1 2 0 8 1 5	Amount 500.00
City COLUMBUS	State O H	Zip Code 43215	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

4,950.00

Total expenditures this event

2,252.71

Page Total \$ 2,225.00