

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 GERALD SUNBURY			Registration Number, if PAC		
Street Address 111 W. RICH ST., STE. 600		Employer/Occupation/Labor Organization*		M D Y	Amount
City COLUMBUS		State O H	Zip Code 43215	0 3 0 4 1 0	35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor THOMAS TANEFF					
Street Address 600 S. HIGH ST., STE. 201			Employer/Occupation/Labor Organization*		Registration Number, if PAC
City COLUMBUS		State O H	Zip Code 43215	M D Y 0 3 0 4 1 0	Amount 35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor EUGENE WEISS* (COURT APPOINTED ATTORNEY)					
Street Address 536 S. THIRD ST.		Employer/Occupation/Labor Organization* SELF		M D Y 0 3 0 4 1 0	Amount 35.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DIRKEN D. WINKLER* (COURT APPOINTED ATTORNEY)					
Street Address 169 E. LIVINGSTON AVE.		Employer/Occupation/Labor Organization* D. WINKLER LAW OFFICE		M D Y 0 3 0 4 1 0	Amount 50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SCOTT WRIGHT					
Street Address 261 S. FRONT ST.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 35.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KAREN YOUNGBLOOD					
Street Address PO BOX 16125		Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 35.00
City COLUMBUS		State O H	Zip Code 43216	Form(Cash,Check,etc) CHECK	
Full Name of Contributor					
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
1,985.00

Total expenditures this event
0.00

Page Total \$ **225.00**