Event Date	040810
Page	20

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05		and the second s	
Name of Committee in Full					
REELECT JUDGE BROWNE! (RJB)					
Full Name of Contributor			Registration Number, if PAC		
BARRY W. EPSTEIN					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
580 S. HIGH ST., STE. 130			0 4 0 8 1 0	60.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	$O \mid H$	43215	CHECK		
Full Name of Contributor			Registration Number, if PAC		
WILLIAM FRIEDMAN					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount		
76 ASHBOURNE ROAD		-	0 4 0 8 1 0	60.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43209	CHECK		
Full Name of Contributor		40207	Registration Number, if PAC		
1			,		
KENNETH GRATTO Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
8	Employer/Occup	ation Eador Organization	0 4 0 8 1 0	60.00	
172 RICHARDS RD.	State	Zip Code	Form(Cash,Check,etc)		
COLLINABLIC	1 1 77	43214	CHECK		
COLUMBUS	IO H	43214	Registration Number, if PAC		
Full Name of Contributor			Registration Number, if I AC		
KELLY GWIN			M D Y Amount		
Street Address	Employer/Occup	ation/Labor Organization*		120.00	
1309 W. 7TH AVE.		T-: 2 :	0 4 0 8 1 0 Form(Cash,Check,etc)	1.20.00	
City	State	Zip Code			
COLUMBUS	$O \mid H$	43212	CHECK		
Full Name of Contributor Registration Number, if PAC					
SCOTT HICKEY					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00	
6079 SOWERBY LANE			0 4 0 8 1 0	120.00	
City	State	Zip Code	Form(Cash,Check,etc)		
WESTERVILLE	$O \mid H$	43081	CHECK		
Full Name of Contributor			Registration Number, if PAC		
ELIZABETH JOHNSON					
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
72 GLENMONT AVE.			0 4 0 8 1 0	60.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	$O \mid H$	43214	CHECK		
Full Name of Contributor			Registration Number, if PAC		
JOHN JOHNSON					
Street Address	Employer/Occur	oation/Labor Organization*	M D Y Amount		
501 S. HIGH ST.	' '	-	0 4 0 8 1 0	60.00	
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	$O \mid H$	43215	CHECK		
COLUMDOS		1022			

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 \$ 540 00
	0.00	

^{*} 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)]