Event Date	012710
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by	Secre	tary of State 3/05		*********************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Committee in Full								
REELECT JUDGE BROWNE! (RJB)				galacina seconomia pro				
Full Name of Contributor				Registration Number, if PAC				
THE LAW OFFICE OF ANTHONY GR	RECO, LPA							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
6810 CAINE RD. CIMMARON PLZ11	BY ANTHONY GRECO			0   1	2 7	$1 \mid 0 \mid$		600.00
City	State	Z	Cip Code	Form(Ca	sh,Check	,etc)		
COLUMBUS	$O \mid F$	$\mathbf{I}$	43235		HEC	K		
Full Name of Contributor				Registration Number, if PAC				
ANDREW GROSSMAN								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			D	Y	Amount	
32. W. HOSTER AVE., STE. 100				0 1	2   7	1 0		100.00
City	State	2	Zip Code		sh,Check			
COLUMBUS	$  \cap    $		43215		HEC	K		
Full Name of Contributor					*****************************	ber, if PA	С	
IEFFREY GROSSMAN						-		
Street Address	Employer/Occ	cupation	on/Labor Organization*	M	D	Y	Amount	
32 W. HOSTER AVE., STE. 100	Employer Coouparion Euror Cigamenton			011	2   7	1 0		100.00
City	State	12	Zip Code		sh,Check			
COLUMBUS	OIE		43215		HEC			
Full Name of Contributor		- 1	10/220	THE PERSON NAMED IN COLUMN TWO		ber, if PA	.C	
JAMES B. HARRIS								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
37 W. BROAD ST., STE. 950	Employence	capan	own parour or Bernandin	1	1	1 0		200.00
City	State	17	Zip Code		ash,Check			
COLUMBUS	1		43215	1	HEC			
Full Name of Contributor	O H 43215			Registration Number, if PAC				
BRETT JAFFE				1		,		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			D	ΙΥ	Amount	
	EmployenGee	Employer/Occupation/Labor Organization		$\begin{vmatrix} M \\ 0 \end{vmatrix} 1$		1 0	4	100.00
1429 KING AVE.	State	1	Zip Code		ash,Check		I	100.00
COLUMBIC	1		43212		CHEC			
COLUMBUS Full Name of Contributor	O		40414		and the state of t	ber, if PA	·C	
	DOINTE	D 4	TTODNEV	I CE JOHN	aco i tuli	, 11 1 1		
TERRI JAMISON-GARY* (COURT AP	Employer/Oct	$\mathcal{D}^{P}$	ion/Lobor Organization*	M	D	ΤΥ	Amount	
Street Address	Employer/Occupation/Labor Organization*			1	1		1	75.00
580 S. HIGH ST., STE. 200	JAMISON LAW OFFICES State Zip Code			ash,Checl	10		73.00	
City	State	- 1	•	1 `	asn,Cneci CHEC			
COLUMBUS	O	1	43215	THE RESERVE THE PARTY OF THE PA	PROPERTY AND ADDRESS OF THE	ber, if PA		
Full Name of Contributor				Registra	iuon num	ioci, II P	.c	
THOMAS JEDINAK	Tr. 10 10 10 10 10 10 10 10 10 10 10 10 10			M	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*			ı		i	N .	100.00
1873 LAKE SHORE DR.							100.00	
City	State Zip Code		Form(Cash,Check,etc) CHECK					
COLUMBUS	101	I	43204	(	_HE(	_K		25

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 \$ 1,275.00
5.575.00	304.86	

<sup>\*</sup> 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)]