

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 THE LAW OFFICE OF ANTHONY GRECO, LPA				Registration Number, if PAC	
Street Address 6810 CAINE RD. CIMMARON PLZ11		Employer/Occupation/Labor Organization* BY ANTHONY GRECO		M D Y 0 1 2 7 1 0	Amount 600.00
City COLUMBUS		State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANDREW GROSSMAN				Registration Number, if PAC	
Street Address 32. W. HOSTER AVE., STE. 100		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFREY GROSSMAN				Registration Number, if PAC	
Street Address 32 W. HOSTER AVE., STE. 100		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAMES B. HARRIS				Registration Number, if PAC	
Street Address 37 W. BROAD ST., STE. 950		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 1 0	Amount 200.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BRETT JAFFE				Registration Number, if PAC	
Street Address 1429 KING AVE.		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK	
Full Name of Contributor TERRI JAMISON-GARY* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200		Employer/Occupation/Labor Organization* JAMISON LAW OFFICES		M D Y 0 1 2 7 1 0	Amount 75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS JEDINAK				Registration Number, if PAC	
Street Address 1873 LAKE SHORE DR.		Employer/Occupation/Labor Organization*		M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS		State O H	Zip Code 43204	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

5.575.00

Total expenditures this event

304.86

Page Total \$ 1,275.00