

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 JOHN M JACKSON | | | | Registration Number, if PAC | |
| Street Address 51 LIBERTY ST. | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City POWELL | State O | Zip Code H 43065 | Amount 150.00 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor THE SHARP LAW FIRM, LLC | | | | Registration Number, if PAC | |
| Street Address 113 E. LIVINGSTON AVE | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43215 | Amount 150.00 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor ALEX POMERANTS | | | | Registration Number, if PAC | |
| Street Address 1141 S HIGH ST | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43206 | Amount 50.00 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor JANIE D ROBERTS* | | | | Registration Number, if PAC | |
| Street Address 155 W MAIN ST. STE 100 | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43215 | Amount 50.00 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor JOHN P JOHNSON LAW OFFICE LLC | | | | Registration Number, if PAC | |
| Street Address 501 S HIGH ST | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43215 | Amount 250.00 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor LISA HARRIS | | | | Registration Number, if PAC | |
| Street Address 374 CHEYENNE WAY | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City REYNOLDSBURG | State O | Zip Code H 43068 | Amount 50.00 | Form(Cash,Check,etc) CASH | |
| Full Name of Contributor CATHERINE WHITE | | | | Registration Number, if PAC | |
| Street Address 145 E LIVINGSTON AVE | Employer/Occupation/Labor Organization* | | M 1 | D 0 | Y 2 |
| City COLUMBUS | State O | Zip Code H 43215 | Amount 50.00 | Form(Cash,Check,etc) CASH | |

* 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

Total expenditures this event

Page Total \$ 750.00