

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 KAREN L. BALL				Registration Number, if PAC	
Street Address PO BOX 2813	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43216	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ARIA D. SMITH* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 3812 CONFLUENCE DR.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City HILLIARD	State O	Zip Code 43026	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KRISTIN A. SCHWARCK				Registration Number, if PAC	
Street Address 8247 SPRUCE NEEDLE COURT	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43235	Amount 20.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PAULA J. COPELAND* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 716 WILTSHIRE RD.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43204	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JANICE M. FLOWERS* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC	
Street Address 4449 EASTON WAY, 2ND FLOOR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43219	Amount 75.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor RON KHASAWNEH				Registration Number, if PAC	
Street Address 1170 OLD HENDERSON RD., STE. 116	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43220	Amount 250.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LUMUMBA TOURE MCCORD				Registration Number, if PAC	
Street Address 844 S. FRONT ST.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43206	Amount 250.00	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

Total expenditures this event

Page Total \$ 770.00