

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 9-7-16
Page 4

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)				
Full Name of Contributor TIMOTHY GERRITY			Registration Number, if PAC	
Street Address 1001 MEEKLYNN DR.	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$175.00
City COLUMBUS	State OH	Zip Code 43235	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VASSY LAW OFFICE			Registration Number, if PAC	
Street Address 145 E. RICH ST., 2ND FLOOR	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$100.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor WARREN TYLER			Registration Number, if PAC	
Street Address 3409 RIVER SEINE STREET	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$150.00
City COLUMBUS	State OH	Zip Code 43221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor REBEKAH SMITH			Registration Number, if PAC	
Street Address 4080 KILBANNON WAY	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$100.00
City DUBLIN	State OH	Zip Code 43016	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARCIE FRONEFIELD			Registration Number, if PAC	
Street Address 372 E. SYCAMORE ST.	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$100.00
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AMY MCKINLAY			Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE 200	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$175.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NICHOLAS W. YAEGER			Registration Number, if PAC	
Street Address 580 S. HIGH ST. STE. 200	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$100.00
City COLUMBUS	State OH	Zip Code 43215	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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$900.00**