

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 JAY MORELAND*			Registration Number, if PAC	
Street Address 129 E. MITHOFF ST.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN JOHNSON			Registration Number, if PAC	
Street Address 501 S. HIGH ST.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 150.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JO KAISER*			Registration Number, if PAC	
Street Address 389 LIBRARY PARK CT.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOEL CAMPBELL*			Registration Number, if PAC	
Street Address 575 S. THIRD ST.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 150.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JANIE ROBERTS*			Registration Number, if PAC	
Street Address 155 W. MAIN ST. STE. 100	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ROSS GILLESPIE			Registration Number, if PAC	
Street Address 5650 BLAZER PARKWAY	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 150.00
City DUBLIN	State O H	Zip Code 43017	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN ALASTRA			Registration Number, if PAC	
Street Address 104 KEETHLER DR. N	Employer/Occupation/Labor Organization*		M D Y 0 2 1 1 1 6	Amount 50.00
City WESTERVILLE	State O H	Zip Code 43081	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 \$ 800.00