

# 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 RICHARD PIATT			Registration Number, if PAC			
Street Address 713 S. FRONT ST.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0	Amount 50.00
City COLUMBUS	State O   H	Zip Code 43206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JENNIFER PRINDLE			Registration Number, if PAC			
Street Address 29 E. LINCOLN ST.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES REESE* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC			
Street Address 35 E. GAY ST., STE. 500e	Employer/Occupation/Labor Organization* SELF		M 0	D 3	Y 0	Amount 40.00
City COLUMBUS	State O   H	Zip Code 43215	Form(Cash,Check,etc) CASH			
Full Name of Contributor JOSEPH REINIER* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC			
Street Address 600 S. HIGH ST., STE. 100	Employer/Occupation/Labor Organization* REINIER LAW, LLC		M 0	D 3	Y 0	Amount 100.00
City COLUMBUS	State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DONALD W. ROBERTS			Registration Number, if PAC			
Street Address 2027 TUCKAWAY CT.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0	Amount 40.00
City COLUMBUS	State O   H	Zip Code 43228	Form(Cash,Check,etc) CASH			
Full Name of Contributor HARVEY SAMUELS			Registration Number, if PAC			
Street Address 500 S. FRONT ST., STE. 1150	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KATHI SCHEAR* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC			
Street Address 556 OVERBROOK DR.	Employer/Occupation/Labor Organization* LEGAL AID SOCIETY		M 0	D 3	Y 0	Amount 35.00
City COLUMBUS	State O   H	Zip Code 43214	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

 0.00

Page Total \$ 335.00