

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>				
Full Name of Contributor <b>MICHAEL J. DELLIGATTI</b>			Registration Number, if PAC	
Street Address <b>500 S. FRONT ST., STE 1150</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   1   3   1   0</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>CATHERINE M. WHITE* (COURT-APPOINTED ATTORNEY)</b>			Registration Number, if PAC	
Street Address <b>350 S. HIGH ST.</b>	Employer/Occupation/Labor Organization* <b>SELF/ ATTORNEY</b>		M   D   Y <b>0   5   1   3   1   0</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

\* 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

1,165.00

Total expenditures this event

0.00

Page Total \$ 100.00