31-E R.C. 3517,10(B)

Event Date	6/17/10
Page	14

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05					
Name of Committee in Full							
REELECT JUDGE BROWNE! (RJB)						
Full Name of Contributor			Registra	lion Num	ber, if Pa	AC .	
ROBERT M. DUNCAN Street Address	Ip(/0	and and all and Committee of	M		1 ,,	1.	
1397 HADDON RD.	I:mployer/Occup	Employer/Occupation/Labor Organization*		р 1 7	$\begin{vmatrix} \mathbf{r} \\ 1 \mid 0 \end{vmatrix}$	Amount	100.00
City	State	State Zip Code		sh,Check			100.00
COLUMBUS	l o l H	43209		HEC			
Full Name of Contributor		10207	_	tion Num		۸C	
STEPHEN W. DAULTON & A	SSOCIATES, LPA						
Street Address		Employer/Occupation/Labor Organization*		Ð	Y	Amount	
336 S. HIGH ST.	BY STEI	PHEN DAULTON	<u> 0</u> 6 1 7 1 0		1	500.00	
City	State	Zip Code	Ι ,	ish,Check			
COLUMBUS	O H	43215	-	CHEC			
Full Name of Contributor	00 110		Registration Number, if PAC				
DITTY FINANCIAL ADVISOR Street Address			ļ				
•	1 ' '	ation/Labor Organization*	M	D a L m	Y	Amount	100.00
3010 HAYDEN RD.		LIAM DITTY	<u> </u>	1 7			100.00
COLUMBUS	State	Zip Code 43235	1 `	sh,Checl	. ,	*	
Full Name of Contributor	LOIH	45255	CHECK Registration Number, if PAC		K*		
STEPHEN W. DAULTON & A	SSOCIATES I PA		Registra	tton tymn	ioer, it ra	10	
Street Address		Employer/Occupation/Labor Organization*		D	ΙΥ	Amount	
336 S. HIGH ST.	I ' '	BY STEPHEN DAULTON		1 7	1110		100.00
City	State	Zip Code		sh,Check		1	
COLUMBUS	O H	43215	(CHEC	:K		
Full Name of Contributor			Registra	tion Num	ber, if Pa	AC .	
Chara Addi	Ir. 1 10		 	1 15	T	Tamana .	
Street Address	Employer/Occup	ation/Labor Organization*	M	ם	Y	Amount	
City	State	Zip Code	Form(Ca	ish,Checl	(,etc)		
			ì	,			
Full Name of Contributor	<u> </u>	•	Registra	tion Num	ber, if Pa	AC	
Street Address	Employer/Occup	ation/Labor Organization*	M.	D	Y	Amount	
		.,	<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)		
Full Name of Contributor	1 !	1	Registra	tion Num	iber, if Pa	AC	
[- <u> </u>		М	T	γ - τ.:-	T.	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y 	Amount	
City	State	Zip Code	Form(C	ash,Checl	k,etc)		* * * *
			1				

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

^{*} 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)]