

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 Larry Thomas				Registration Number, if PAC			
Street Address 1058 Mt. Vernon Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	3
City Columbus		State o	Zip Code h 43203	1	3	1	0
				Form(Cash,Check,etc) Cash		50.00	
Full Name of Contributor Britani Galloway* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 117 Old Hednerson Rd. Ste. 109		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		ATTORNEY/SELF		0	5	1	3
City Columbus		State o	Zip Code H 43220	1	3	1	0
				Form(Cash,Check,etc) CASH		20.00	
Full Name of Contributor ROSEMARIE WELCH* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 3587 GREENVILLE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		SELF/ATTORNEY		0	5	1	3
City LEWIS CENTER		State O	Zip Code H 43035	1	3	1	0
				Form(Cash,Check,etc) CHECK		50.00	
Full Name of Contributor KATHLEEN CHASTEEN* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address PO BOX 91192		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		SELF/ATTORNEY		0	5	1	3
City BEXLEY		State O	Zip Code H 43209	1	3	1	0
				Form(Cash,Check,etc) CHECK		25.00	
Full Name of Contributor NECOL RUSSELL-WASHINGTON* (COURT-APPOINTED ATTY)				Registration Number, if PAC			
Street Address 8067 HARVESTMOON DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		SELF/ATTORNEY		0	5	1	3
City REYNOLDSBURG		State O	Zip Code H 43068	1	3	1	0
				Form(Cash,Check,etc) CHECK		50.00	
Full Name of Contributor BENITA D. REEDUS* (COURT-APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 474 DENWOOD DR. S.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		SELF/ATTORNEY		0	5	1	3
City GAHANNA		State O	Zip Code H 43230	1	3	1	0
				Form(Cash,Check,etc) CHECK		50.00	
Full Name of Contributor ROSS GILLESPIE				Registration Number, if PAC			
Street Address 5650 BLAZER PKWY.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	3
City DUBLIN		State O	Zip Code H 43017	1	3	1	0
				Form(Cash,Check,etc) CHECK		50.00	

* 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)]

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 \$ 295.00