

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 MICHAEL MCCORD				Registration Number, if PAC	
Street Address 811 STRAWBERRY HILL W. RD.	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O	Zip Code 43213	1	0	1
			0	2	0
			1	0	0
			Form(Cash,Check,etc) CASH		Amount 40.00
Full Name of Contributor SALLIE D. GIBSON					
Street Address 1067 FRANKLIN AVE.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State O	Zip Code 43205	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CASH		Amount 80.00
Full Name of Contributor CHARLENE E. GREENE					
Street Address 1599 E. GATES ST.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State O	Zip Code 43206	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CASH		Amount 25.00
Full Name of Contributor RONALD R. WILLIAMS					
Street Address 605 S. OHIO AVE.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State O	Zip Code 43205	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor ROBERT M. SANDERS					
Street Address 7110 E. LIVINGSTON AVE.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State O	Zip Code 43068	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor DONALD MCNEIL, MD					
Street Address 2341 LANE RD.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS	State O	Zip Code 43220	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CHECK		Amount 400.00
Full Name of Contributor RANDY S. KUREK					
Street Address 5458 ALBANY RD.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City NEW ALBANY	State O	Zip Code 43054	1	0	1
	H		0	2	0
			1	0	0
			Form(Cash,Check,etc) CHECK		Amount 100.00

* 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

0.00

Page Total \$ 795.00