

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 USHERALA JOHNSON* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC		
Street Address 66 JESSICA WAY	Employer/Occupation/Labor Organization* SELF		M 0	D 1	Y 2	Amount 100.00
City GAHANNA	State O	Zip Code 43230	Form(Cash,Check,etc) CHECK			
Full Name of Contributor HAROLD KEMP				Registration Number, if PAC		
Street Address 88 W. MOUND ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 75.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JACQUELINE KEMP				Registration Number, if PAC		
Street Address 88 W. MOUND ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 75.00
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KENNETH KLINE				Registration Number, if PAC		
Street Address 973 N. 6TH ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 100.00
City COLUMBUS	State O	Zip Code 43201	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ROBERT KOBLENTZ				Registration Number, if PAC		
Street Address 2205 FAIRFAX RD.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 100.00
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH LANDUSKY, II				Registration Number, if PAC		
Street Address 901 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 100.00
City COLUMBUS	State O	Zip Code 43206	Form(Cash,Check,etc) CASH			
Full Name of Contributor GREGG LEWIS				Registration Number, if PAC		
Street Address 625 CITY PARK AVE.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount 275.00
City COLUMBUS	State O	Zip Code 43206	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

5,575.00

Total expenditures this event

304.86

Page Total \$ 825.00