Event Date	012710
Page	10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secr	etary of State 3/05				·
Name of Committee in Full							
REELECT JUDGE BROWNE! (RJB)	WWW.	TO DESCRIPTION OF					
Full Name of Contributor				Registration Number, if PAC			
USHERALA JOHNSON* (COURT AP	<u>POINTE</u>	D P	ATTORNEY)	<u> </u>			
Street Address	Employer/Occupation/Labor Organization*			M	1 8	Amount	
66 JESSICA WAY	SELF			0 1 2	7 1 0		100.00
City	State Zîp Code		Form(Cash,C	heck,etc)			
GAHANNA	0	T	43230	CH	ECK		
Full Name of Contributor				Registration	Number, if PA	С	
HAROLD KEMP							
Street Address	Employer/Occupation/Labor Organization*			M I) Y	Amount	
88 W. MOUND ST.				0 1 2	7 1 0		75.00
City	State Zip Code		Form(Cash,C			Marie Carlo de Carlo	
COLUMBUS		H	43215	CH	ECK		
Full Name of Contributor		-		Registration	Number, if PA	С	
JACQUELINE KEMP							
Street Address	Employer/Occupation/Labor Organization*			М) Y	Amount	
88 W. MOUND ST.	2			0 1 2	7 1 1 0		75.00
City	State		Zip Code	Form(Cash,C			
COLUMBUS	1	Н	43215	4	ECK		
Full Name of Contributor				Registration Number, if PAC			
KENNETH KLINE							
Street Address	Employer/Occupation/Labor Organization*			МП) Y	Amount	
973 N. 6TH ST.	Limpioyen	Joupa		0 1 2	7 1 0		100.00
973 1N. 0111 31.	State		Zip Code	Form(Cash,C	heck.etc)		100.00
COLUMBUS		Н	43201		ECK		
Full Name of Contributor	() 11 - 40201			Registration Number, if PAC			
ROBERT KOBLENTZ				registration			
Street Address	Employer/O	coma	tion/Labor Organization*	M I) Y	Amount	
	Employer/Occupation/Labor Organization*		1 1	7 1 0	2	100.00	
2205 FAIRFAX RD.	State		Zip Code	Form(Cash,C			100.00
COLLIMBLIC	1	L.J	43221	· ` '			
COLUMBUS Full Name of Contributor	O H 43221			CHECK Registration Number, if PAC			
				Registration	Number, ii i A		
JOSEPH LANDUSKY, II	Ir 1 /0		il	MII) Y	Amount	
Street Address	Employer/Occupation/Labor Organization*				H	100.00	
901 S. HIGH ST.				710		100.00	
City	State Zip Code		Form(Cash,				
COLUMBUS		H	43206		ASH		
Full Name of Contributor				Registration	Number, if PA	.C	
GREGG LEWIS						T .	
Street Address	Employer/Occupation/Labor Organization*			1 1	Y	Amount	000.00
625 CITY PARK AVE.			0 1 2 7 1 0 275.00				
City	State Zip Code			Form(Cash,Check,etc)			
COLUMBUS		H	43206	l CH	ECK		

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
Total Contributions and event	Total expenditues this event	Page Total \$ 825,00
5,575,00	304.86	

^{*} 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)]