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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 Registration Number, if PAC MARK SABATH Street Address Employer/Occupation/Labor Organization* Amount 338 S. HIGH ST. 0 6 0 4 1 0 100.00 City State Zip Code Form(Cash,Check,etc) COLUMBUS 43215 CHECK Full Name of Contributor Registration Number, if PAC MARK HERDER Street Address Employer/Occupation/Labor Organization* D 901 S. HIGH ST. 0 6 0 4 1 0 60.00 State Zip Code Form(Cash,Check,etc) **COLUMBUS** H 43206 **CASH** Full Name of Contributor Registration Number, if PAC EDWARD EMSWELLER* (COURT APPOINTED ATTORNEY) Employer/Occupation/Labor Organization* D 338 S. HIGH ST. STE. 102 SELF/ATTORNEY 0 6 0 4 1 0 75.00 Zip Code Form(Cash,Check,etc) COLUMBUS H 43215 CASH Full Name of Contributor Registration Number, if PAC ATHENA STARLING Street Address Employer/Occupation/Labor Organization* Amount 132 BEECHTREE ROAD 0 4 0 6 1 0 75.00 State Zip Code Form(Cash,Check,etc) COLUMBUS 43213 **CHECK** Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* D Amount City Zip Code Form(Cash,Check,etc) * 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 No. 31-E" and list the date of the event in the date column.				
Total contributions this event 810.00	Total expenditures this event 0.00	Page Total S310.00		