

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>				
Full Name of Contributor <b>GARY J. GOTTFRIED CO. LPA</b>			Registration Number, if PAC	
Street Address <b>608 OFFICE PARKWAY, STE. B</b>	Employer/Occupation/Labor Organization* <b>BY GARY GOTTFRIED</b>		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>300.00</b>
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>THOMAS N. TANEFF ATTORNEY AT LAW</b>			Registration Number, if PAC	
Street Address <b>600 S. HIGH ST., STE. 201</b>	Employer/Occupation/Labor Organization* <b>BY THOMAS TANEFF</b>		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>LAW OFFICES OF ELAINE S. BUCK, LTD.</b>			Registration Number, if PAC	
Street Address <b>1570 FISHINGER RD. STE. 200</b>	Employer/Occupation/Labor Organization* <b>BY ELAINE S. BUCK</b>		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>100.00</b>
City <b>UPPER ARLINGTON</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor <b>CHESTER, WILLCOX &amp; SAXBE GOOD GOV'T FUND</b>			Registration Number, if PAC <b>OH843</b>	
Street Address <b>65 E. STATE ST. STE. 1000</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>ROBERT A. KOBLENTZ</b>			Registration Number, if PAC	
Street Address <b>2205 FAIRFAX RD.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>AMY M. MCKINLAY</b>			Registration Number, if PAC	
Street Address <b>6579 CLAY COURT EAST</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   7   1   0</b>	Amount <b>100.00</b>
City <b>CANAL WINCHESTER</b>	State <b>O   H</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc) <b>CHECK</b>	

\* 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 \$ 800.00