

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

Total expenditures this event

Page Total \$ 800.00