

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 THOMAS TANEFF				Registration Number, if PAC			
Street Address 600 S. HIGH ST., STE. 201		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City COLUMBUS		State O	H H	Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN J. PETRO				Registration Number, if PAC			
Street Address 338 S. HIGH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City COLUMBUS		State O	H H	Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor ERIC HOFFMAN* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 2722 BEXLEY PARK RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	50.00
City BEXLEY		State O	H H	Zip Code 43209		Form(Cash,Check,etc) CHECK	
Full Name of Contributor ERIC HOFFMAN* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 2722 BEXLEY PARK RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	25.00
City BEXLEY		State O	H H	Zip Code 43209		Form(Cash,Check,etc) CASH	
Full Name of Contributor DAVID I. SHROYER				Registration Number, if PAC			
Street Address 3455 W. HENDERSON RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	75.00
City COLUMBUS		State O	H H	Zip Code 43220		Form(Cash,Check,etc) CHECK	
Full Name of Contributor NANCY K. WONNELL* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 330 S. HIGH ST.		Employer/Occupation/Labor Organization* WONNELL & WONNELL		M	D	Y	Amount
				0	6	0	75.00
City COLUMBUS		State O	H H	Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor KATHERINE A. LIAS				Registration Number, if PAC			
Street Address 2811 LANE ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	75.00
City COLUMBUS		State O	H H	Zip Code 43220		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 \$ 500.00