

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 DITTY FINANCIAL FORENSICS LLC			Registration Number, if PAC	
Street Address 6065 FRANTZ RD. SUITE 101	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City DUBLIN	State O H	Zip Code 43017	Form (Cash, Check, etc) CHECK	
Full Name of Contributor ABE BAHGAT *			Registration Number, if PAC	
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 150.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor DONALD ROBERTS			Registration Number, if PAC	
Street Address 2027 TUCKAWAY COURT	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43228	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN BATES			Registration Number, if PAC	
Street Address 495 S. HIGH ST. SUITE 400	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOSEPH MAS			Registration Number, if PAC	
Street Address 330 S. HIGH ST.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CHECK	
Full Name of Contributor JOHN MEYERS			Registration Number, if PAC	
Street Address 4020 PATOUCIA	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CASH	
Full Name of Contributor PATTY MEYERS			Registration Number, if PAC	
Street Address 4020 PATOUCIA	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4 1 6	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form (Cash, Check, etc) CASH	

* 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

1105.00

Total expenditures this event

0 (in-kind only)Page Total \$ **750.00**