

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 GERRITY AND BURRIER, LTD.			Registration Number, if PAC	
Street Address 400 S. FIFTH ST., STE. 302	Employer/Occupation/Labor Organization* BY TIMOTHY GERRITY		M D Y 1 0 2 0 1 0	Amount 150.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor TOKI M. CLARK			Registration Number, if PAC	
Street Address 233 S. HIGH ST., 3RD FLOOR	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 300.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHEAL J. DELLIGATTI			Registration Number, if PAC	
Street Address 500 S. FRONT ST., STE. 1150	Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 75.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
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			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			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			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	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 form No. 31-E" and list the date of the event in the date column.

Total contributions this event

1,880.00

Total expenditures this event

0.00

Page Total \$ 525.00