

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 HAROLD KEMP				Registration Number, if PAC	
Street Address 88 W. MOUND ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor MICHAEL DELLIGATTI				Registration Number, if PAC	
Street Address 500 S. FRONT ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOEL R. CAMPBELL*				Registration Number, if PAC	
Street Address 575 S. THIRD ST.	Employer/Occupation/Labor Organization* ATTORNEY/SELF		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 65.00
Full Name of Contributor ROSS & MIDIAN, LLC BY OWNER BRIAN M. ROSS				Registration Number, if PAC	
Street Address 133 E. LIVINGSTON AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor JACQUELINE KEMP				Registration Number, if PAC	
Street Address 88 W. MOUND ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor BRETT JAFFE				Registration Number, if PAC	
Street Address 1429 KING AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 65.00
Full Name of Contributor ERIC W. JOHNSON				Registration Number, if PAC	
Street Address 2114 BROOKHURST AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2110
City COLUMBUS	State O	Zip Code 43229	Form(Cash,Check,etc) CHECK		Amount 75.00

* 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 \$ 1,455.00