Event Date	06/14/16	
Page	11	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05				
Name of Committee in Full		-				
REELECT JUDGE BROWNE! (RJB)						
Full Name of Contributor			Registration Number, if PAC			
ROLLIN SEWARD Street Address	Employer/Open	nation (Labor Commission 9	M D	ΤΥ	Tames and	
5307 LEMONWOOD ST.	Employer/Occupation/Labor Organization*		0 6 1		Amount	100.00
City	State	Zip Code	Form(Cash,C			100.00
COLUMBUS	OTH	1 '	CA			
Full Name of Contributor	1 (7) 11	10227	Registration N		AC	
GREGG R. LEWIS			"			
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y	Amount	
625 CITY PARK AVE.				7 1 6	1	155.00
City	State	Zip Code	Form(Cash,Cl	eck,etc)		
COLUMBUS	<u> </u>	43206	CHI	ECK		
Full Name of Contributor			Registration N	lumber, if Pa	AC	
KATHERINE A. LIAS						
Street Address	Employer/Occu	pation/Labor Organization*	MD		Amount	100.00
2811 LANE RD.	State	Zip Code	0 6 1 Form(Cash,CI			100.00
COLUMBUS	O H	43220	CHI			
Full Name of Contributor	1011	1 43220	Registration N		AC	
!			icegistration is	шшж, и г		
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y	Amount	
			1111			
City	State	Zip Code	Form(Cash,Cl	eck,etc)		_
		<u> </u>				
Full Name of Contributor			Registration N	umber, if PA	AC	
Street Address	Employer/Occup	pation/Labor Organization*	M D	Y	Amount	
		1				
City	State	Zip Code	Form(Cash,Cl	eck,etc)		
Full Name of Contributor		<u> </u>	10	1 7670		
iren Name di Chimbandi			Registration N	umber, ii PA	AC .	
Street Address	1Employer/Occur	pation/Labor Organization*	M D	ΙΥ	Amount	
			" 1	l i	7	
City	State	1Zip Code	Form(Cash,Cl	eck.etc)		
		'	, , , , ,	*****		
Full Name of Contributor	<u> </u>	<u> </u>	Registration N	umber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
		<u> </u>				
City	State	Zip Code	Form(Cash,Ch	eck_etc)		
						

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	05	00

rotal expenditures dus event	
Olia-kind ou	(1)
(1- 4 04	, Jun

Page Forel 5	355.00
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^{*} 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)]