

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 ROLLIN SEWARD				Registration Number, if PAC	
Street Address 5307 LEMONWOOD ST.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City COLUMBUS	State OH	Zip Code 43229	Form (Cash, Check, etc) CASH		Amount 100.00
Full Name of Contributor GREGG R. LEWIS				Registration Number, if PAC	
Street Address 625 CITY PARK AVE.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 16
City COLUMBUS	State OH	Zip Code 43206	Form (Cash, Check, etc) CHECK		Amount 155.00
Full Name of Contributor KATHERINE A. LIAS				Registration Number, if PAC	
Street Address 2811 LANE RD.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 16
City COLUMBUS	State OH	Zip Code 43220	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

* 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 \$ **355.00**