

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)				
Full Name of Contributor MARYELLEN REASH			Registration Number, if PAC	
Street Address 1170 OLD HENDERSON RD. STE 118	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$200.00
City COLUMBUS	State OH	Zip Code 43220	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRADLEY FRICK AND ASSOCIATES			Registration Number, if PAC	
Street Address 1265 NEIL AVE.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 6	Amount \$250.00
City COLUMBUS	State OH	Zip Code 43201	Form (Cash, Check, etc.) CHECK	
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 4 0 7 1 6	Amount \$200.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT BRACCO*			Registration Number, if PAC	
Street Address 3535 HENDERSON RD.	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$175.00
City COLUMBUS	State OH	Zip Code 43220	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHRISTINE STREHL			Registration Number, if PAC	
Street Address 2601 OLDE HILL CT. N	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$250.00
City COLUMBUS	State OH	Zip Code 43221	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LAURA ADKINS HELMBRECHT*			Registration Number, if PAC	
Street Address 2 MIRANOVA PL. STE. 710	Employer/Occupation/Labor Organization* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$100.00
City COLUMBUS	State OH	Zip Code 43215	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* ATTORNEY		M D Y 0 4 0 7 1 6	Amount \$175.00
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK	

* 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,350.00**