

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 DANIELLE M. CARTER				Registration Number, if PAC	
Street Address 933 CITY PARK AVE.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 100.00
City COLUMBUS	State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK	
Full Name of Contributor FREDERICK M. ISAAC				Registration Number, if PAC	
Street Address 250 E. BROAD ST., 9TH FL.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 250.00
City COLUMBUS	State O H	Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor SHARON D. JAMES				Registration Number, if PAC	
Street Address 1066 HARRISON PARK PL.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 25.00
City COLUMBUS	State O H	Zip Code 43201		Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK A. CHUPARKOFF				Registration Number, if PAC	
Street Address 6029 BARONSCOURT WAY		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 100.00
City DUBLIN	State O H	Zip Code 43016		Form(Cash,Check,etc) CHECK	
Full Name of Contributor NEIL MISHA JURIST				Registration Number, if PAC	
Street Address 1183 THURELL RD.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 25.00
City COLUMBUS	State O H	Zip Code 43229		Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL J. DELLIGATTI				Registration Number, if PAC	
Street Address 500 S. FRONT ST.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 40.00
City COLUMBUS	State O H	Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor ERIC NORDMAN				Registration Number, if PAC	
Street Address 96 E. COLLEGE AVE. STE. A		Employer/Occupation/Labor Organization*		M D Y 1 0 2 0 1 0	Amount 20.00
City WESTERVILLE	State O H	Zip Code 43081		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 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 \$ 560.00