

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 AMANDA BAKER			Registration Number, if PAC	
Street Address 2010 HARWITCH RD. APT. B	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 50.00
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN BATES* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC	
Street Address 495 S. HIGH ST., STE. 400	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 100.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor FREDERICK BENTON			Registration Number, if PAC	
Street Address 786 S. FRONT ST., STE. 204	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 150.00
City COLUMBUS	State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT BERGMAN* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC	
Street Address 3099 SULLIVANT AVE.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 35.00
City COLUMBUS	State O H	Zip Code 43204	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DUSTIN BLAKE* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC	
Street Address 111 W. RICH ST., STE. 600	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 40.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CASH	
Full Name of Contributor SCOTT DAWSON			Registration Number, if PAC	
Street Address 8939 PETER HOOVER RD.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 70.00
City NEW ALBANY	State O H	Zip Code 43054	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL DELLIGATTI			Registration Number, if PAC	
Street Address 500 S. FRONT ST., STE. 1150	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 0	Amount 35.00
City COLUMBUS	State O H	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 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 \$ 480.00