

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 JOSEPH PICCIN				Registration Number, if PAC	
Street Address 3010 HAYDEN RD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City COLUMBUS	State OH	Zip Code 43235	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor JOHN JOHNSON				Registration Number, if PAC	
Street Address 501 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor GARY J GOTTFRIED CO. LPA				Registration Number, if PAC	
Street Address 608 OFFICE PARKWAY, SUITE B	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City WESTERVILLE	State OH	Zip Code 43082	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor DEBRA DESANTO				Registration Number, if PAC	
Street Address 887 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City COLUMBUS	State OH	Zip Code 43206	Form(Cash,Check,etc) CASH		Amount 40.00
Full Name of Contributor ROBERT H. SNEDAKER III				Registration Number, if PAC	
Street Address 3010 HAYDEN RD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City COLUMBUS	State OH	Zip Code 43235	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor ANONYMOUS (SEE FOOTNOTE 2)				Registration Number, if PAC	
Street Address UNKNOWN	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City	State I	Zip Code	Form(Cash,Check,etc) CASH		Amount 50.00
Full Name of Contributor DESANTO AND MCNICHOLS				Registration Number, if PAC	
Street Address 887 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 16
City COLUMBUS	State OH	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 350.00

* 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

3,485.00

Total expenditures this event

2115.90

Page Total \$ **500.00**