

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 GAIL HUBERT				Registration Number, if PAC	
Street Address 85 E. GAY ST., STE. 806	Employer/Occupation/Labor Organization*		M	D	Y
			0	3	0
City COLUMBUS	State O	Zip Code 43215	4	1	0
			Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor JULIE HUBLER					
Street Address 2955 DONNYLANE BLVD.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	0	35.00
City COLUMBUS	State O	Zip Code 43235	4	1	0
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor ARNOLD JACK					
Street Address 572 E. RICH ST.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	0	50.00
City COLUMBUS	State O	Zip Code 43215	4	1	0
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor ERIC JOHNSON					
Street Address 2114 BROOKHURST AVE.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	0	50.00
City COLUMBUS	State O	Zip Code 43229	4	1	0
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor JOHN JOHNSON					
Street Address 501 S. HIGH ST.				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	0	35.00
City COLUMBUS	State O	Zip Code 43215	4	1	0
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor PHILLIP KAUFMAN					
Street Address 341 S. 3RD ST., STE. 300				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	3	0	50.00
City COLUMBUS	State O	Zip Code 43215	4	1	0
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor RYAN KUHN* (COURT APPOINTED ATTORNEY)					
Street Address 2015 W. FIFTH AVE., STE. 201				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
KUHN LIMITED		0	3	0	35.00
City COLUMBUS	State O	Zip Code 43212	4	1	0
			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

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Total expenditures this event

0.00

Page Total \$ 305.00