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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>REELECT JUDGE BROWNE! (RJB)</b>							Registration Number, if PAC			
Full Name of Candidate <b>KIM A. BROWNE</b>										
Street Address <b>1094 CRESWELL DRIVE</b>					Office Sought <b>COM. PLEAS JUDGE</b>			District <b>DOM/JUVEN</b>		
City <b>NEW ALBANY</b>					State <b>O H</b>		Zip Code <b>43054</b>			
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/> <b>2010</b> Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M <b>0 5</b>	D <b>0 4</b>	Y <b>1 0</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	10,540.45
2. Total monetary contributions (From Form No. 31-A)	\$	4,075.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	14,615.45
5. Total monetary expenditures (From Form No. 31-B)	\$	1,491.70
6. Balance on hand (line 4 minus line 5)	\$	13,123.75
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	477.50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Melissa M. Gast, Treasurer

[Signature]

6-10-10

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 7

Expenditure pages 1

Other pages 7

Total pages 15

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (R/B)</b>							
Full Name of Contributor <b>ALLEASE FLOWERS</b>					Registration Number, if PAC		
Street Address <b>1752 NIAGARA RD.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43227</b>	M <b>0   4</b>	D <b>1   8</b>	Y <b>1   0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>LORI A. BROWN JOHNSON</b>					Registration Number, if PAC		
Street Address <b>1016 CONESTOGA DR.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0   4</b>	D <b>1   7</b>	Y <b>1   0</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>THOMAS TYACK</b>					Registration Number, if PAC		
Street Address <b>536 S. HIGH ST.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>2   7</b>	Y <b>1   0</b>	Amount <b>383.33</b>	
Full Name of Contributor <b>MARGARET BLACKMORE* (COURT-APPOINTED ATTORNEY)</b>					Registration Number, if PAC		
Street Address <b>536 S. HIGH ST.</b>			Employer/Occupation/Labor Organization* <b>TYACK, BLACKMORE, LISTON CO.</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>2   7</b>	Y <b>1   0</b>	Amount <b>383.33</b>	
Full Name of Contributor <b>JOSEPH NIGH* (COURT-APPOINTED ATTORNEY)</b>					Registration Number, if PAC		
Street Address <b>536 S. HIGH ST.</b>			Employer/Occupation/Labor Organization* <b>TYACK, BLACKMORE, LISTON CO.</b>			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>2   7</b>	Y <b>1   0</b>	Amount <b>383.34</b>	
Full Name of Contributor <b>THOMAS TANEFF</b>					Registration Number, if PAC		
Street Address <b>600 S. HIGH ST., STE. 201</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>1   0</b>	Y <b>1   0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>MARCIE HAWKINS</b>					Registration Number, if PAC		
Street Address <b>2987 MCCAMMON CHASE DR.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>LEWIS CENTER</b>	State <b>O   H</b>	Zip Code <b>43035</b>	M <b>0   5</b>	D <b>0   1</b>	Y <b>1   0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>SCHOTTENSTEIN, ZOX &amp; DUNN</b>					Registration Number, if PAC <b>OH1310</b>		
Street Address <b>250 WEST ST.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   4</b>	D <b>2   8</b>	Y <b>1   0</b>	Amount <b>250.00</b>	

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>									
Full Name of Contributor <b>JON M. COPE</b>						Registration Number, if PAC			
Street Address <b>3600 OLENTANGY RIVER RD</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43214</b>		M   D   Y <b>0   5   1   8   1   0</b>		Amount <b>300.00</b>	
Full Name of Contributor <b>SCOTT WRIGHT</b>						Registration Number, if PAC			
Street Address <b>261 S. FRONT ST.</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M   D   Y <b>0   5   2   5   1   0</b>		Amount <b>75.00</b>	
Full Name of Contributor <b>JOHN H. BATES* (COURT APPOINTED ATTORNEY)</b>						Registration Number, if PAC			
Street Address <b>495 S. HIGH ST., STE. 400</b>				Employer/Occupation/Labor Organization* <b>SELF/ATTORNEY</b>				Form (Cash, Check, etc.) <b>CHECK</b>	
City <b>COLUMBUS</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M   D   Y <b>0   5   3   1   1   0</b>		Amount <b>100.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M   D   Y <b>0   5   1   3   1   0</b>		Amount <b>1,165.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M   D   Y <b>0   6   0   4   1   0</b>		Amount <b>810.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M   D   Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M   D   Y		Amount	

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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>									
To Whom Paid <b>BESIGN SIGNS, INC.</b>						M	D	Y	Amount
Address <b>720 HARMON PLAZA</b>						0	5	0	121.70
City <b>COLUMBUS</b>						State <b>O   H</b>		Zip Code <b>43223</b>	Check Number <b>1012</b>
Purpose <b>MAGNETIC SIGNS</b>									
To Whom Paid <b>MILVETS</b>						M	D	Y	Amount
Address <b>PO Box 311</b>						0	5	1	50.00
City <b>WORTHINGTON</b>						State <b>O   H</b>		Zip Code <b>43085</b>	Check Number <b>1013</b>
Purpose <b>ARMED FORCES DAY LUNCHEON</b>									
To Whom Paid <b>Central Ohio Labor Council-AFL CIO</b>						M	D	Y	Amount
Address <b>1545 Alum Creek Dr., 2nd Fl.</b>						0	6	0	40.00
City <b>Columbus</b>						State <b>O   h</b>		Zip Code <b>43209</b>	Check Number <b>1016</b>
Purpose <b>GOLF OUTING/LUNCHEON</b>									
To Whom Paid <b>FRANKLIN COUNTY REPUBLICAN PARTY</b>						M	D	Y	Amount
Address <b>14 E. GAY ST. 2ND FL.</b>						0	5	1	1,250.00
City <b>COLUMBUS</b>						State <b>O   H</b>		Zip Code <b>43215</b>	Check Number <b>1014</b>
Purpose <b>CONTRIBUTION</b>									
To Whom Paid <b>COLUMBUS EDUCATION ASSOCIATION</b>						M	D	Y	Amount
Address <b>929 E. BROAD ST.</b>						0	5	2	30.00
City <b>COLUMBUS</b>						State <b>O   H</b>		Zip Code <b>43205</b>	Check Number <b>1015</b>
Purpose <b>CEA AWARDS/SCHOLARSHIP DINNER</b>									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									
To Whom Paid						M	D	Y	Amount
Address									
City									

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>ReElect Judge Browne! (RJB)</b>							
Full Name of Contributor <b>Larry Thomas</b>			Registration Number, if PAC				
Street Address <b>1058 Mt. Vernon Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	50.00
City <b>Columbus</b>		State <b>o</b>	Zip Code <b>h 43203</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Britani Galloway* (COURT APPOINTED ATTORNEY)</b>							
Street Address <b>117 Old Hednerson Rd. Ste. 109</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization* <b>ATTORNEY/SELF</b>		M	D	Y	Amount		
		0	5	1	20.00		
City <b>Columbus</b>		State <b>o</b>	Zip Code <b>H 43220</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>ROSEMARIE WELCH* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>3587 GREENVILLE DR.</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization* <b>SELF/ATTORNEY</b>		M	D	Y	Amount		
		0	5	1	50.00		
City <b>LEWIS CENTER</b>		State <b>o</b>	Zip Code <b>H 43035</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>KATHLEEN CHASTEEN* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>PO BOX 91192</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization* <b>SELF/ATTORNEY</b>		M	D	Y	Amount		
		0	5	1	25.00		
City <b>BEXLEY</b>		State <b>o</b>	Zip Code <b>H 43209</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>NECOL RUSSELL-WASHINGTON* (COURT-APPOINTED ATTY)</b>							
Street Address <b>8067 HARVESTMOON DR.</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization* <b>SELF/ATTORNEY</b>		M	D	Y	Amount		
		0	5	1	50.00		
City <b>REYNOLDSBURG</b>		State <b>o</b>	Zip Code <b>H 43068</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>BENITA D. REEDUS* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>474 DENWOOD DR. S.</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization* <b>SELF/ATTORNEY</b>		M	D	Y	Amount		
		0	5	1	50.00		
City <b>GAHANNA</b>		State <b>o</b>	Zip Code <b>H 43230</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ROSS GILLESPIE</b>							
Street Address <b>5650 BLAZER PKWY.</b>			Registration Number, if PAC				
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		0	5	1	50.00		
City <b>DUBLIN</b>		State <b>o</b>	Zip Code <b>H 43017</b>	Form(Cash,Check,etc) <b>CHECK</b>			

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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 \$ 295.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>							
Full Name of Contributor <b>KAREN L. BALL</b>				Registration Number, if PAC			
Street Address <b>PO BOX 2813</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>COLUMBUS</b>		<b>OH</b> <b>43216</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>25.00</b>
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>ARIA D. SMITH* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>3812 CONFLUENCE DR.</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<b>SELF/ATTORNEY</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>50.00</b>		
City <b>HILLIARD</b>		State <b>OH</b>		Zip Code <b>43026</b>			
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>KRISTIN A. SCHWARCK</b>							
Street Address <b>8247 SPRUCE NEEDLE COURT</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<b>SELF/ATTORNEY</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>20.00</b>		
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43235</b>			
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>PAULA J. COPELAND* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>716 WILTSHIRE RD.</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<b>SELF/ATTORNEY</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>100.00</b>		
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43204</b>			
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>JANICE M. FLOWERS* (COURT-APPOINTED ATTORNEY)</b>							
Street Address <b>4449 EASTON WAY, 2ND FLOOR</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<b>SELF/ATTORNEY</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>75.00</b>		
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43219</b>			
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>RON KHASAWNEH</b>							
Street Address <b>1170 OLD HENDERSON RD., STE. 116</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
<b>(SUITE 116)</b>		<b>0</b>	<b>5</b>	<b>13</b>	<b>250.00</b>		
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43220</b>			
Form(Cash,Check,etc) <b>CHECK</b>							
Full Name of Contributor <b>LUMUMBA TOURE MCCORD</b>							
Street Address <b>844 S. FRONT ST.</b>				Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		<b>0</b>	<b>5</b>	<b>13</b>	<b>250.00</b>		
City <b>COLUMBUS</b>		State <b>OH</b>		Zip Code <b>43206</b>			
Form(Cash,Check,etc) <b>CHECK</b>							

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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 \$ 770.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Fall <b>REELECT JUDGE BROWNE! (RJB)</b>							
Full Name of Contributor <b>MICHAEL J. DELLIGATTI</b>				Registration Number, if PAC			
Street Address <b>500 S. FRONT ST., STE 1150</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>50.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CATHERINE M. WHITE* (COURT-APPOINTED ATTORNEY)</b>				Registration Number, if PAC			
Street Address <b>350 S. HIGH ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>50.00</b>
				Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			

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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  
1,165.00

Total expenditures this event  
0.00

Page Total \$ 100.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>							
Full Name of Contributor <b>THOMAS TANEFF</b>				Registration Number, if PAC			
Street Address <b>600 S. HIGH ST., STE. 201</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	100.00
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>JOHN J. PETRO</b>				Registration Number, if PAC			
Street Address <b>338 S. HIGH ST.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	100.00
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ERIC HOFFMAN* (COURT APPOINTED ATTORNEY)</b>				Registration Number, if PAC			
Street Address <b>2722 BEXLEY PARK RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	50.00
City <b>BEXLEY</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ERIC HOFFMAN* (COURT APPOINTED ATTORNEY)</b>				Registration Number, if PAC			
Street Address <b>2722 BEXLEY PARK RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	25.00
City <b>BEXLEY</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>CASH</b>			
Full Name of Contributor <b>DAVID I. SHROYER</b>				Registration Number, if PAC			
Street Address <b>3455 W. HENDERSON RD.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	75.00
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>NANCY K. WONNELL* (COURT APPOINTED ATTORNEY)</b>				Registration Number, if PAC			
Street Address <b>330 S. HIGH ST.</b>		Employer/Occupation/Labor Organization* <b>WONNELL &amp; WONNELL</b>		M	D	Y	Amount
				0	6	04	75.00
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>KATHERINE A. LIAS</b>				Registration Number, if PAC			
Street Address <b>2811 LANE ROAD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	04	75.00
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>CHECK</b>			

\* 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 \$ 500.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor MARK SABATH		Registration Number, if PAC					
Street Address 338 S. HIGH ST.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City COLUMBUS	State O   H	Zip Code 43215	0	6	04	10	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARK HERDER		Registration Number, if PAC					
Street Address 901 S. HIGH ST.	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City COLUMBUS	State O   H	Zip Code 43206	0	6	04	10	60.00
				Form(Cash,Check,etc) CASH			
Full Name of Contributor EDWARD EMSWELLER* (COURT APPOINTED ATTORNEY)		Registration Number, if PAC					
Street Address 338 S. HIGH ST. STE. 102	Employer/Occupation/Labor Organization* SELF/ATTORNEY		M	D	Y	Amount	
City COLUMBUS	State O   H	Zip Code 43215	0	6	04	10	75.00
				Form(Cash,Check,etc) CASH			
Full Name of Contributor ATHENA STARLING		Registration Number, if PAC					
Street Address 132 BEECHTREE ROAD	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City COLUMBUS	State O   H	Zip Code 43213	0	6	04	10	75.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code					
				Form(Cash,Check,etc)			
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code					
				Form(Cash,Check,etc)			
Full Name of Contributor		Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code					
				Form(Cash,Check,etc)			

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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  

810.00
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Total expenditures this event  

0.00
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Page Total \$ 310.00

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>				
Full Name of Contributor <b>AGGREGATE AMOUNT OF ALL IN-</b>		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>KIND CONTRIBUTIONS TOTALING</b>		Description of Item or Service <b>FOOD/DRINKS</b>	M	D
City <b>\$250 OR LESS (6 TOTAL)</b>		State	Y	Fair Market Value <b>477.50</b>
		Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address		Description of Item or Service	M	D
City		State	Y	Fair Market Value
		Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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