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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee REELECT JUDGE BROWNE! (RJB)							Registration Number, if PAC		
Full Name of Candidate KIM A. BROWNE									
Street Address 1094 CRESWELL DRIVE					Office Sought COM. PLEAS JUDGE			District DRI	
City NEW ALBANY						State O H		Zip Code 43054	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		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 0 5	D 0 4	Y 1 0

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	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	14,720.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	14,720.00
5. Total monetary expenditures (From Form No. 31-B)	\$	4,179.55
6. Balance on hand (line 4 minus line 5)	\$	10,540.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,704.56
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. East, Treasurer

Signature

4-21-10
Date

Contribution
pages 19

Expenditure
pages 3

Other
pages 13

Total
pages 35

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full ReElect Judge Browne! (RJB)							
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 3409 River Seine St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 0 2	Y 1 0	Amount 475.00	
Full Name of Contributor EUGENE BATTISTI					Registration Number, if PAC		
Street Address 500 S. FRONT ST., STE. 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 1	D 2 6	Y 1 0	Amount 100.00	
Full Name of Contributor Joanne Aubrey					Registration Number, if PAC		
Street Address 118 E. Main St., 2nd Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 3 1	Y 1 0	Amount 60.00	
Full Name of Contributor EUGENE BATTISTI					Registration Number, if PAC		
Street Address 500 S. FRONT ST., STE. 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 3	D 3 1	Y 1 0	Amount 100.00	
Full Name of Contributor ELAINE BUCK					Registration Number, if PAC		
Street Address 1570 FISHINGER RD., STE. 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0 4	D 0 9	Y 1 0	Amount 60.00	
Full Name of Contributor TOKI CLARK					Registration Number, if PAC		
Street Address 233 S. HIGH ST. 3RD FLOOR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 0	Y 1 0	Amount 150.00	
Full Name of Contributor COLLINS & SLAGLE CO., LPA					Registration Number, if PAC		
Street Address 21 E. STATE ST., STE. 930		Employer/Occupation/Labor Organization* BY OWNER PHILIP COLLINS			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 1	Y 1 0	Amount 1,000.00	
Full Name of Contributor LISA ESCHLEMAN					Registration Number, if PAC		
Street Address 2141 CRIMSON CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43235	M 0 3	D 0 8	Y 1 0	Amount 35.00	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor WILLIAM FRIEDMAN					Registration Number, if PAC		
Street Address 76 ASHBOURNE RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43209	M 0 1	D 2 9	Y 1 0	Amount 100.00
Full Name of Contributor THOMAS FRIEDMAN*					Registration Number, if PAC		
Street Address 502 S. THIRD ST.			Employer/Occupation/Labor Organization* SELF/COURT-APPOINTED ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 0 3	D 1 0	Y 1 0	Amount 70.00
Full Name of Contributor ROBERT HETTERSCHIEDT					Registration Number, if PAC		
Street Address 580 S. HIGH ST., STE. 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 0 4	D 0 1	Y 1 0	Amount 100.00
Full Name of Contributor MELANIE MILLS					Registration Number, if PAC		
Street Address 8390 GILMERTON CT.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H	Zip Code 43017	M 0 3	D 0 9	Y 1 0	Amount 575.00
Full Name of Contributor KEITH SCHNEIDER					Registration Number, if PAC		
Street Address 250 CIVIC CENTER DR. STE. 500			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 0 4	D 0 7	Y 1 0	Amount 575.00
Full Name of Contributor MEREDITH SNYDER * (COURT APPOINTED ATTORNEY)					Registration Number, if PAC		
Street Address 588 OZEM GERDNER WAY			Employer/Occupation/Labor Organization* JACK & snyder			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE		State O H	Zip Code 43081	M 0 3	D 0 6	Y 1 0	Amount 50.00
Full Name of Contributor HEATHER SOWALD					Registration Number, if PAC		
Street Address 210 ACADEMY CT.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City GAHANNA		State O H	Zip Code 43230	M 0 3	D 0 2	Y 1 0	Amount 575.00
Full Name of Contributor THOMAS TANEFF					Registration Number, if PAC		
Street Address 600 S. HIGH ST., STE. 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 0 1	D 2 5	Y 1 0	Amount 50.00

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor THOMAS TANEFF					Registration Number, if PAC		
Street Address 600 S. HIGH ST., STE. 201			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 4	D 0 5	Y 1 0	Amount 250.00	
Full Name of Contributor SCOTT WRIGHT					Registration Number, if PAC		
Street Address 261 S. FRONT ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 0 4	D 0 9	Y 1 0	Amount 50.00	
Full Name of Contributor ANDREA YAGODA					Registration Number, if PAC		
Street Address 2000 W. HENDERSON RD., STE 250			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43220	M 0 3	D 0 2	Y 1 0	Amount 100.00	
Full Name of Contributor STEPHEN A. YARBROUGH					Registration Number, if PAC		
Street Address 7818 WESTCROFT DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City SYLVANIA	State O H	Zip Code 43560	M 0 2	D 2 8	Y 1 0	Amount 35.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 1	D 2 7	Y 1 0	Amount 5,575.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 3	D 0 4	Y 1 0	Amount 1,985.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M 0 4	D 0 8	Y 1 0	Amount 2,650.00	
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 REELECT JUDGE BROWNE! (RJB)												
To Whom Paid EXPENDITURES FROM 31-F						M	D	Y	Amount			
						0	2	0	9	1	0	304.86
Address				Purpose								
City		State	Zip Code	Check Number								
To Whom Paid FRANKLIN COUNTY REPUBLICAN PARTY						M	D	Y	Amount			
						0	2	1	0	1	0	200.00
Address 14 E. GAY ST. 2ND FLOOR				Purpose 2010 KICKOFF DINNER								
City COLUMBUS		State O H	Zip Code 43215	Check Number 1004								
To Whom Paid LARRY PHILLIPS PHOTOGRAPHY						M	D	Y	Amount			
						0	2	1	0	1	0	101.41
Address 35 E. GAY ST., STE. 312				Purpose ELECTRONIC IMAGES OF CANDIDATE								
City COLUMBUS		State O H	Zip Code 43215	Check Number 1005								
To Whom Paid SALLIE D. GIBSON						M	D	Y	Amount			
						0	2	1	0	1	0	105.00
Address 1065 FRANKLIN AVE.				Purpose DELTA SIGMA THETA FOUNDER'S DAY LUNCH								
City COLUMBUS		State O H	Zip Code 43205	Check Number 1006								
To Whom Paid FRANKLIN COUNTY BOARD OF ELECTIONS						M	D	Y	Amount			
						0	2	1	6	1	0	80.00
Address 280 E. BROAD ST.				Purpose PETITION FILING FEE								
City COLUMBUS		State O H	Zip Code 43215	Check Number 1007								
To Whom Paid FRANKLIN COUNTY REPUBLICAN PARTY						M	D	Y	Amount			
						0	3	0	2	1	0	200.00
Address 14 E. GAY ST. 2ND FLOOR				Purpose LINCOLN REAGAN DINNER								
City COLUMBUS		State O H	Zip Code 43215	Check Number 1008								
To Whom Paid CLEAR CHANNEL OUTDOOR						M	D	Y	Amount			
						0	3	1	6	1	0	1,984.00
Address 770 HARRISON DR.				Purpose ADVERTISING								
City COLUMBUS		State O H	Zip Code 43204	Check Number 1009								
To Whom Paid JENSI DESIGN STUDIO						M	D	Y	Amount			
						0	4	0	8	1	0	439.28
Address 201 W. 8TH AVE.				Purpose CAMPAIGN T-SHIRTS								
City COLUMBUS		State O H	Zip Code 43201	Check Number 1010								

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)												
To Whom Paid ALADDIN SHRINE CIRCUS						M	D	Y	Amount			
						0	4	1	2	1	0	760.00
Address 3850 STELZER ROAD				Purpose ADVERTISING: BANNERS								
City COLUMBUS		State O H		Zip Code 43219		Check Number 1011						
To Whom Paid FIFTH THIRD BANK						M	D	Y	Amount			
						0	1	0	8	1	0	5.00
Address PO BOX 630900				Purpose BANKING CHECKS								
City CINCINNATI		State O H		Zip Code 45263		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee REELECT JUDGE BROWNE! (RIB)																		
From Whom Received KIM A. BROWNE								Prior Amount 0.00		Amt. Incurred this Period 100.25								
Address 1094 CRESWELL DR.										Outstanding Balance 0.00								
City NEW ALBANY		State OH	Zip Code 43054		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
		0	1	1	3	1	0		0	1	2	9	1	0		100.25		100.25
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							
From Whom Received								Prior Amount		Amt. Incurred this Period								
Address										Outstanding Balance								
City		State	Zip Code		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							
From Whom Received								Prior Amount		Amt. Incurred this Period								
Address										Outstanding Balance								
City		State	Zip Code		Loans Received This Period				Payments This Period									
					Date		Amount		Date		Amount							
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$						
Registration Number, if PAC					M	D	Y		M	D	Y							
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y							

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If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 100.25 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 100.25 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)

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 MARTY ANDERSON				Registration Number, if PAC			
Street Address 3409 RIVER SEINE ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City COLUMBUS		State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BEHAL LAW GROUP							
Full Name of Contributor BEHAL LAW GROUP				Registration Number, if PAC			
Street Address 501 S. HIGH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		BY ROBERT BEHAL		0	1	2	500.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ROBERT BERGMAN* (COURT APPOINTED ATTORNEY)							
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	Amount
		BERGMAN & YIANGOU		0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor BLYTHE BETHEL							
Full Name of Contributor BLYTHE BETHEL				Registration Number, if PAC			
Street Address 400 S. FIFTH ST., STE. 303		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ANGELA ALBERT BROWN							
Full Name of Contributor ANGELA ALBERT BROWN				Registration Number, if PAC			
Street Address 536 S. HIGH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES BROWN							
Full Name of Contributor JAMES BROWN				Registration Number, if PAC			
Street Address 580 S. HIGH ST., STE. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JEFFREY BROWN							
Full Name of Contributor JEFFREY BROWN				Registration Number, if PAC			
Street Address 580 S. HIGH ST., STE. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			

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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
5,575.00

Total expenditures this event
304.86

Page Total \$ 1,100.00

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 ELAINE BUCK			Registration Number, if PAC				
Street Address 1570 FISHINGER RD., STE. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK			
Full Name of Contributor ANTHONY DELLIGATTI							
Street Address 366 E. BROAD ST.			Registration Number, if PAC				
Street Address 366 E. BROAD ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MICHAEL DELLIGATTI							
Street Address 500 S. FRONST ST., STE. 1150			Registration Number, if PAC				
Street Address 500 S. FRONST ST., STE. 1150		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor VINCENT DUGAN							
Street Address 500 S. FOURTH ST.			Registration Number, if PAC				
Street Address 500 S. FOURTH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	500.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CECILY FERRIS* (COURT APPOINTED ATTORNEY)							
Street Address 253 KOSSUTH ST., STP. F			Registration Number, if PAC				
Street Address 253 KOSSUTH ST., STP. F		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		SELF		0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CASH			
Full Name of Contributor CAROL FEY							
Street Address PO BOX 9124			Registration Number, if PAC				
Street Address PO BOX 9124		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	75.00
City COLUMBUS		State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK			
Full Name of Contributor GERRITY & BURRIER, LTD.							
Street Address 400 S. FIFTH ST., STE. 302			Registration Number, if PAC				
Street Address 400 S. FIFTH ST., STE. 302		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		BY TIMOTHY GERRITY		0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			

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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
5,575.00

Total expenditures this event
304.86

Page Total \$ 1,075.00

Event Date	<u>012710</u>
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
REELECT JUDGE BROWNE! (RJB)			
Full Name of Contributor THE LAW OFFICE OF ANTHONY GRECO, LPA		Registration Number, if PAC	
Street Address 6810 CAINE RD. CIMMARON PLZ11	Employer/Occupation/Labor Organization* BY ANTHONY GRECO	M D Y 0 1 2 7 1 0	Amount 600.00
City COLUMBUS	State Zip Code O H 43235	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ANDREW GROSSMAN		Registration Number, if PAC	
Street Address 32. W. HOSTER AVE., STE. 100		Registration Number, if PAC	
Street Address 32. W. HOSTER AVE., STE. 100	Employer/Occupation/Labor Organization*	M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS	State Zip Code O H 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFREY GROSSMAN		Registration Number, if PAC	
Street Address 32 W. HOSTER AVE., STE. 100		Registration Number, if PAC	
Street Address 32 W. HOSTER AVE., STE. 100	Employer/Occupation/Labor Organization*	M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS	State Zip Code O H 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAMES B. HARRIS		Registration Number, if PAC	
Street Address 37 W. BROAD ST., STE. 950		Registration Number, if PAC	
Street Address 37 W. BROAD ST., STE. 950	Employer/Occupation/Labor Organization*	M D Y 0 1 2 7 1 0	Amount 200.00
City COLUMBUS	State Zip Code O H 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor BRETT JAFFE		Registration Number, if PAC	
Street Address 1429 KING AVE.		Registration Number, if PAC	
Street Address 1429 KING AVE.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS	State Zip Code O H 43212	Form(Cash,Check,etc) CHECK	
Full Name of Contributor TERRI JAMISON-GARY* (COURT APPOINTED ATTORNEY)		Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200		Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200	Employer/Occupation/Labor Organization* JAMISON LAW OFFICES	M D Y 0 1 2 7 1 0	Amount 75.00
City COLUMBUS	State Zip Code O H 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS JEDINAK		Registration Number, if PAC	
Street Address 1873 LAKE SHORE DR.		Registration Number, if PAC	
Street Address 1873 LAKE SHORE DR.	Employer/Occupation/Labor Organization*	M D Y 0 1 2 7 1 0	Amount 100.00
City COLUMBUS	State Zip Code O H 43204	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

5.575.00

Total expenditures this event

304.86

Page Total \$ <u>1,275.00</u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor USHERALA JOHNSON* (COURT APPOINTED ATTORNEY)				Registration Number, if PAC			
Street Address 66 JESSICA WAY	Employer/Occupation/Labor Organization* SELF			M 0	D 1	Y 27	Amount 100.00
City GAHANNA	State OH	Zip Code 43230		Form(Cash,Check,etc) CHECK			
Full Name of Contributor HAROLD KEMP				Registration Number, if PAC			
Street Address 88 W. MOUND ST.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43215		M 0	D 1	Y 27	Amount 75.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor JACQUELINE KEMP				Registration Number, if PAC			
Street Address 88 W. MOUND ST.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43215		M 0	D 1	Y 27	Amount 75.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor KENNETH KLINE				Registration Number, if PAC			
Street Address 973 N. 6TH ST.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43201		M 0	D 1	Y 27	Amount 100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor ROBERT KOBLENTZ				Registration Number, if PAC			
Street Address 2205 FAIRFAX RD.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43221		M 0	D 1	Y 27	Amount 100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH LANDUSKY, II				Registration Number, if PAC			
Street Address 901 S. HIGH ST.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43206		M 0	D 1	Y 27	Amount 100.00
				Form(Cash,Check,etc) CASH			
Full Name of Contributor GREGG LEWIS				Registration Number, if PAC			
Street Address 625 CITY PARK AVE.				Employer/Occupation/Labor Organization*			
City COLUMBUS	State OH	Zip Code 43206		M 0	D 1	Y 27	Amount 275.00
				Form(Cash,Check,etc) CHECK			

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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 \$
5,575.00	304.86	825.00

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 LEEANN MASSUCCI			Registration Number, if PAC				
Street Address 2509 CANTERBURY RD.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43221		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43221		CHECK	
Full Name of Contributor LUMUMBA TOURE MCCORD			Registration Number, if PAC				
Street Address 844 S. FRONT ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43206		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43206		CASH	
Full Name of Contributor KERRY MCCORMICK			Registration Number, if PAC				
Street Address 79 THURMAN AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43206		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43206		CHECK	
Full Name of Contributor MARIO NAPOLET			Registration Number, if PAC				
Street Address 1900 POLARIS PKWY, STE. 450		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43240		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43240		CHECK	
Full Name of Contributor RONALD PETROFF* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC				
Street Address 140 E. TOWN ST., STE. 1070		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43215		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43215		CHECK	
Full Name of Contributor CHARLES PRESTON			Registration Number, if PAC				
Street Address 1265 NEIL AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43201		0	1	27	250.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43201		CHECK	
Full Name of Contributor RYAN SCOTT* (COURT APPOINTED ATTORNEY)			Registration Number, if PAC				
Street Address 115 W. MAIN ST., STE. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
COLUMBUS		OH 43215		0	1	27	100.00
City		State		Zip Code		Form(Cash,Check,etc)	
COLUMBUS		OH		43215		CHECK	

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Total contributions this event
5,575.00

Total expenditures this event
304.86

Page Total \$ 850.00

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 AMY WEIS			Registration Number, if PAC				
Street Address 503 S. FRONT ST., STE. 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CHRISTINE STREHL							
Street Address 1265 NEIL AVE.			Registration Number, if PAC				
Street Address 1265 NEIL AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	250.00
City COLUMBUS		State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK			
Full Name of Contributor GERRITY & BURRIER, LTD.							
Street Address 400 S. FIFTH ST., STE. 302			Registration Number, if PAC				
Street Address 400 S. FIFTH ST., STE. 302		Employer/Occupation/Labor Organization* BY BRIAN BURRIER		M	D	Y	Amount
				0	1	2	100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor							
Street Address			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							
Street Address			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							
Street Address			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							
Street Address			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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Total contributions this event
5.575.00

Total expenditures this event
304.86

Page Total \$ 450.00

