

## 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>DAPHNE HAWK</b>			Registration Number, if PAC				
Street Address <b>2374 WHITE RD</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>GROVE CITY</b>		<b>O   H</b>		<b>1</b>	<b>0</b>	<b>27</b>	<b>50.00</b>
City		Zip Code		Form(Cash,Check,etc)			
<b>GROVE CITY</b>		<b>43123</b>		<b>CREDIT CARD</b>			
Full Name of Contributor <b>MASUCCI LAW GROUP LLC</b>							
Street Address <b>250 CIVIC CENTER DR. STE 600</b>			Registration Number, if PAC				
Street Address <b>250 CIVIC CENTER DR. STE 600</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>COLUMBUS</b>		<b>O   H</b>		<b>1</b>	<b>0</b>	<b>27</b>	<b>250.00</b>
City		Zip Code		Form(Cash,Check,etc)			
<b>COLUMBUS</b>		<b>43215</b>		<b>CREDIT CARD</b>			
Full Name of Contributor							
Street Address			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Zip Code		Form(Cash,Check,etc)			
City		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		Zip Code		Form(Cash,Check,etc)			
City		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		Zip Code		Form(Cash,Check,etc)			
City		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		Zip Code		Form(Cash,Check,etc)			
City		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		Zip Code		Form(Cash,Check,etc)			
City		Zip Code		Form(Cash,Check,etc)			

\* 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 \$ 300.00