## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					Sagari Magazini nga siligang sibasa sa			
Name of Committee in Full								
REELECT JUDGE BROWNE! (RJB)			ninzaen szaroszána szaroz		constitution of continuous sources	na innova programa de la melita d		
Full Name of Contributor		Registration Number, if PAC						
THOMAS TANEFF								
Street Address	Employer/Occupation/Labor Organization*			A-0611/08:340100000000000000000000000000000000000		Form (Cash, Check, etc.)		
600 S. HIGH ST., STE. 201					CHECK			
City	State	Zip Code	M	D	Y	Amount		
COLUMBUS	OH	43215	0 4	0   5	1 0		250.00	
Full Name of Contributor	AND THE PARTY OF T			tion Numl		С		
SCOTT WRIGHT								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
261 S. FRONT ST.					CHECK			
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	$O \mid H$	43215	$0 \mid 4$	0 9	110		50.00	
Full Name of Contributor		Registration Number, if F				.C	20.00	
ANDREA YAGODA								
Street Address	Employer/Occupation/Labor Organization*				waz oznakowi zwiszka z	Form (Cash, Check, etc.)		
2000 W. HENDERSON RD., STE 250	Zampie) en e coup				CHECK			
City	State	Zip Code	Тм	D	Y	Amount	1	
COLUMBUS	OH	43220	1	0 2			100.00	
Full Name of Contributor		1 10220		tion Num		C	100.00	
STEPHEN A. YARBROUGH			regiona					
Street Address	Employer/Occup	ation/Labor Organization*			ii waxaa da d	Form (Cash, C	Theck etc.)	
1	Employer/Occupation/Labor Organization					CHECK		
7818 WESTCROFT DR.	State	M D Y Amount						
CNINANIIA	_ , , , ,	Zip Code 43560			1	1	35.00	
SYLVANIA	ОП	43300	0 2	CONTRACTOR OF THE PARTY OF THE	Santa and the santa and the	Constant Contract Con	33.00	
Full Name of Contributor Registration Number, if PAC								
CONTRIBUTIONS FROM FORM 31-E	F 1 /O	ation/Labor Organization*			and and the second second	Form (Cash, 6	Thack atc.)	
Street Address	Employer/Occup	ation/Labor Organization				rom (Casil, C	Sheek, etc.)	
	St. 12	7:- 0-1-	Тм	D	Y	Amount		
City	State	Zip Code	1 .	1	l .		E E7E 00	
			$0 \mid 1$	2 7	10	A STATE OF THE PARTY OF THE PAR	5,575.00	
Full Name of Contributor  Registration Number, if PAC								
CONTRIBUTIONS FROM FORM 31-E	The level Occupation II short Organization*					Form (Cash, C	Though oto	
Street Address	Employer/Occupation/Labor Organization*					ronn (Casi, C	Sheck, etc.)	
		[a: 6.]	1 37	I n	Lv	Amount		
City	State	Zip Code	M	D	Y	2	1,985.00	
				0 4			1,965.00	
Full Name of Contributor			Kegisira	tion Num	oer, ii P	·C		
CONTRIBUTIONS FROM FORM 31-E						Form (Cash, (	Charles As )	
Street Address	Employer/Occupation/Labor Organization*						_neck, etc.)	
				·		<u> </u>		
City	State	Zip Code	М	D	Y	Amount	0 (50 00	
			0 4		1 0		2,650.00	
Full Name of Contributor Registration Number, if PAC								
					Myver sines and an annual state of the state			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, G	Uheck, etc.)	
					<b>,</b>			
City	State	Zip Code	M	D	Y	Amount		

Page Total \$ 10,645.00

<sup>\*</sup> 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)]