

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

V								
Name of Committee in Full								
REELECT JUDGE BROWNE! (RJB)			In .		1 'CD4			
	ame of Contributor				Registration Number, if PAC			
TIMOTHY GERRITY	In					In		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
400 S. FIFTH ST. SUITE 302	<u> </u>					CREDIT CARD		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	O   H	43215			1 6			
Full Name of Contributor			Registra	ation Nun	iber, if PA	iC .		
Street Address	In the state of th	ation/Labor Organization*				Francisco (Carlo Charlo etc.)		
Succe Address	Епрюуел Оссир	anon Labor Organization			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount		
	1							
Full Name of Contributor	<u> </u>		Registra	ation Nun	iber, if PA	C		
			<u> </u>					
Street Address	Employer/Occup	ation/Labor Organization*	Form (Cash, Check, etc.					
City	State	Zip Code	М	D	Y	Amount		
	1 1	<u>'</u>			1			
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occup	ation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)		
3-3-3-1	S.mprojen overp	and sales of games of				our (casis chook, cas.)		
City	State	Zip Code	М	D	Y	Amount		
	1					·		
Full Name of Contributor			Registra	ation Nur	ber, if PA	С		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D,	Y	Amount		
				1				
Full Name of Contributor			Registra	ation Nur	iber, if PA	.c		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)			
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City	State	Zip Code	Тм	D	Y	Amount		
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Full Name of Contributor	<u> </u>		Registra	ation Nun	ber, if PA	c		
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
			1					
Full Name of Contributor	· <del>!</del>		Registra	ation Nun	ber, if PA	С		
Street Address	Employer/Occus	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
On the Line of the Control of the Co	Employer/Occupation Labor Organization					· ···· (Cana Giben, etc.)		
City	State	Zip Code	М	D	Ιγ	Amount		
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\* 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)]

Page Total	§	300.00	<u>}</u>