Statement of Contributions Received

Prescribed by Secretary of State 3/05

	******************************	commence and						
Name of Committee in Full								
ReElect Judge Browne! (RJB)		***************************************			on the second			
Full Name of Contributor					Registration Number, if PAC			
Marty Anderson				1		***************		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3409 River Seine St.							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Columbus	0	H	43221	0 3	0 2	1 0		475.00
Full Name of Contributor					tion Num	Parameter Comment	С	
EUGENE BATTISTI								
Street Address	Employer				Form (Cash, C	heck, etc.)		
500 S. FRONT ST., STE. 260							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	0 1	2 6	1 0		100.00
Full Name of Contributor		Registration Number, if PAC						
Joanne Aubrey								
Street Address	Employer/Occupation/Labor Organization*				***************************************		Form (Cash, C	heck, etc.)
118 E. Main St., 2nd Floor							Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Columbus	0	H	43215	1 .	l .	10		60.00
Full Name of Contributor			1 40210	-Company of the Company of the Compa	tion Num	Patricipa de la constitución de	C	00.00
EUGENE BATTISTI				Registra	tion rium	001, 11 1 7 1		
Street Address	Employer	/Occupa	ation/Labor Organization*		***************************************		Form (Cash, C	beck etc.)
	Employer occupation baon organization						CHEC:	
500 S. FRONT ST., STE. 260	Sta	to.	Zip Code	М	D	Y	Amount	<u> </u>
		H		1 .	1 .	1 .	Amount	100.00
Columbus Full Name of Contributor	0	11	43215	THE PERSON NAMED IN	3 1 tion Num	Transaction in the second	C	100.00
				Registia	HOII INUIII	oci, ii ra		
ELAINE BUCK	IrI	/0	C-A-hOinsting*	<u> </u>			Form (Cash, C	'hook oto)
Street Address	Employer	/Оссира	ation/Labor Organization*				li .	
1570 FISHINGER RD., STE. 200			Ia: 0.1	1 1/	1 5	1 37	CHEC	<u> </u>
City	Sta		Zip Code	M	D	Y	Amount	(0.00
COLUMBUS		Н	43221	THE RESERVE OF THE PARTY OF THE	0 9	CONTRACTOR ACCORDA		60.00
Full Name of Contributor Registration Number, if PAC								
TOKI CLARK					Francisco (Cash Chash etc.)			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
233 S. HIGH ST. 3RD FLOOR				γ	T		CHEC	Κ
City	Sta		Zip Code	M	D	Y	Amount	450.00
Columbus	0	П	43215		1 0			150.00
Full Name of Contributor				Registra	ition Num	ber, if PA	i.C	
COLLINS & SLAGLE CO., LPA			ation/Labor Organization*	<u> </u>				
Street Address		** **			Form (Cash, Check, etc.)			
21 E. STATE ST., STE. 930	BY OWNER PHILIP COLI						CHECK	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus		H	43215	0 2	1 1	1 0		1,000.00
Full Name of Contributor Registration Number, if PAC								
LISA ESCHLEMAN				<u> </u>		yearness system (Section 1997)		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2141 CRIMSON CT.							CHECK	
City	Sta		Zip Code	M	D	Y	Amount	
Columbus	0	Н	43235	0 3	0 8	1 0		35.00

Page Total \$ 1,980.00

^{*} 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)]