Page 2	

## **Statement of Contributions Received**

Prescribed by Sceretary of State 3/05

N 66 30 5 6 11	_						
Name of Committee in Full						•	
REELECT JUDGE BROWNE! (RJB)	_						
Full Name of Contributor				Registration Number, if PAC			
SINNO LAW OFFICES, LLC					_		
Street Address	1	pation/Labor Organization*				Form (Cash, Check, etc.)	
1001 EASTWIND DR., STE. 203	BY SHE	ILA SINNO				CHECK	
City	State	Zip Code	М	D	Y	Amount	
WESTERVILLE	<u> </u>	43081	1 1	0 1	$\lfloor 1 \rfloor 0$	50.00	
Full Name of Contributor		<del></del>	Registra	tion Nun	ber, if PA	C	
CONTRIBUTIONS FROM FORM 31-	E						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Clicck, etc.)							
	[						
City	State	Zip Code	М	D	Y	Amount	
	<b>!</b> 1		-1110	210	$1 \mid 0$	1,880.00	
Full Name of Contributor		<u> </u>			ber, if PA		
CONTRIBUTIONS FROM FORM 31-1	E						
Street Address	· · · · · · · · · · · · · · · · · · ·	pation/Labor Organization*				Form (Cash, Check, etc.)	
						·	
City	State	Zip Code	Тм	D	Y	Amount	
	1 1	'	1110		10	650.00	
Full Name of Contributor		<u> </u>			ber, if PA		
			T. G. T. T.				
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
	Employen Seeat	out of the contract of the con				om (casi, check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
		Zip Code	1 "			Alikalih	
Full Name of Contributor			Powietes	tion Num	ber, if PA	C	
Tun Pane of Commonly			Registra	HIGHT 14HB	iber, u PA	.C	
Street Address		pation/Labor Organization*				The second of th	
Jucci Address	employer/Occup	запонтави (луатганов				Form (Cash, Check, etc.)	
City	C4-1-	77:- C- 1-	1.14	1 15	T		
Chy	State	Zip Code	M	D	Y	Amount	
Call Name of Controllation							
Full Name of Contributor Registration Number, if PAC						C	
0	T= · · · · · · · · ·						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
				<del></del>	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	ition Nurs	ber, if PA	C	
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Nun	ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
equired for contributions from individuals over \$100 to statewide and as	1 11	C1 - 3C - 13 - 1 (C	1 1 3			0.1	

Page Total \$	2,580.00

<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)]