

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) VARIES	
City	State	Zip Code	M	D	Y	Amount 1,700.00	
Full Name of Contributor ANTHONY GRECCO						Registration Number, if PAC	
Street Address 6810 CAINE RD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD	
City COLUMBUS	State O H	Zip Code 43235	M 1 0	D 2 4	Y 1 6	Amount 600.00	
Full Name of Contributor JOHN ANNARINO						Registration Number, if PAC	
Street Address 3411 SUNNINGDALE WAY		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43221	M 1 0	D 2 5	Y 1 6	Amount 100.00	
Full Name of Contributor THE BEHAL LAW GROUP, LLC						Registration Number, if PAC	
Street Address 501 S. HIGH ST		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 5	Y 1 6	Amount 175.00	
Full Name of Contributor STEPHEN DAULTON*						Registration Number, if PAC	
Street Address 336 S. HIGH ST		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 5	Y 1 6	Amount 300.00	
Full Name of Contributor KIMBERLY TANEFF						Registration Number, if PAC	
Street Address 7825 BRANDON RD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State O H	Zip Code 43054	M 1 0	D 2 5	Y 1 6	Amount 250.00	
Full Name of Contributor MICHAEL J DELLIGATTI						Registration Number, if PAC	
Street Address 500 S. FRONT ST. STE 1150		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 5	Y 1 6	Amount 250.00	
Full Name of Contributor BUCK FISH & WHITE						Registration Number, if PAC	
Street Address 3380 TREMONT RD		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43221	M 1 0	D 2 5	Y 1 6	Amount 50.00	

* 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)]