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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	·						
Name of Committee in Full				-			
REELECT JUDGE BROWNE! (RJB)		***					
Pull Name of Contributor			Registration 1	Number, if PA	.C	• • •	
GARY S. WELLBAUM			Ĺ				
Street Address	Employer/Occupa	ntion/Labor Organization*			Form (Cash, Che	ck, etc.)	
1422 BEAMAN DR.	<u> </u>				CHECK		
City	State	Zip Code	M D	Y	Amount		
COLUMBUS	O   H	43228	111012	2 1 0	Į.	50.00	
Full Name of Contributor			Registration I	Number, if PA	C		
DARRIN C. LEIST*							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7956 BIRCH CREEK DR.	ATTORNEY/SELF			CHECK			
City	State	Zip Code	M D	) Y	Amount		
BLACKLICK	OLH	43004	1 0 2	1 1 0		100.00	
Full Name of Contributor	, <u> </u>	1000		Number, if PA	C	100.00	
IOHN H. BATES*							
Street Address	Employer/Occupa	ation/Labor Organization*		<del></del>	Form (Cash, Check, etc.)		
495 S. HIGH ST., STE. 400	1 ' '	NEY/SELF			CHECK		
City	State	Zip Code	M D	Y	Amount		
COLUMBUS	OIH	43215	1 1	1 1 0		100.00	
Full Name of Contributor	1 9 !	10210		Number, if PA	C	100.00	
IAMES R. GREENE							
Street Address	Employer/Occupa	tion/Labor Organization*			Form (Cash, Che	ek eta )	
1599 E. GATES ST.	Zimpinyen occupa	and the same of th			CHECK	ck, cic.,	
City	State	Zip Code	M D	у у	Amount		
COLUMBUS	OH	43206			Amoun	100.00	
Full Name of Contributor	10 11	43200			Ć.	100.00	
Full Name of Contributor  GARY J. GOTTFRIED CO. LPA BY GARY J. GOTTFRIED  Registration Number, if PAC							
Street Address		I FIXICIO  ution/Labor Organization*			Form (Cash, Che		
608 OFFICE PARKWAY, STE. B	In proyer/Cecupa	шольтавог Стдаталися				ck, etc.)	
City	State	Zip Code	1 14 1 5		CHECK		
WESTERVILLE	1	1 '	M D		Amount	200.00	
Full Name of Contributor	ОН	43082		9 1 0		300.00	
regulation rainor, a rice							
THE BEHAL LAW GROUP LLC BY ROBERT BEHAL  Street Address  Employer/Occupation/Labor Organization*  From (Carly Class): etc.)							
	Employer/Occupa	tion/Labor Organization*			Form (Cash, Che	-	
501 S. HIGH ST.		कि व		1	CHECK		
·	1	Zip Code	MD	. ! .	Amount	250.00	
COLUMBUS Full Name of Contributor	O   H	43215		5 1 0		250.00	
			Registration	Number, if PA	C		
JEFFREY A. BROWN Street Address	Ic. 1 10	2 0 1 0 1 2 4					
	Employer/Occupa	tion/Labor Organization*			Form (Cash, Che		
580 S. HIGH ST., STE. 200 City		la a i	T T		CHECK		
	State	Zip Code	M D	. 1 .	Amount	460.00	
COLUMBUS	O   H	43215		9 1 0		100.00	
Full Name of Contributor Registration Number, if PAC							
CECELIA A MCFADDEN							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
2901 BARROWS RD.		r	<del></del>		CHECK		
COLUMN TO COLUMN	State	Zip Code	MD		Amount		
COLUMBUS	OH	43232	1 0 2			40.00	

\* 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)]

Page Total \$	1,040.00