

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor GARY S. WELLBAUM						Registration Number, if PAC	
Street Address 1422 BEAMAN DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State O H		Zip Code 43228	M 1 0	D 2 2
						Y 1 0	Amount 50.00
Full Name of Contributor DARRIN C. LEIST*						Registration Number, if PAC	
Street Address 7956 BIRCH CREEK DR.			Employer/Occupation/Labor Organization* ATTORNEY/SELF			Form (Cash, Check, etc.) CHECK	
City BLACKLICK			State O H		Zip Code 43004	M 1 0	D 2 1
						Y 1 0	Amount 100.00
Full Name of Contributor JOHN H. BATES*						Registration Number, if PAC	
Street Address 495 S. HIGH ST., STE. 400			Employer/Occupation/Labor Organization* ATTORNEY/SELF			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State O H		Zip Code 43215	M 1 0	D 2 1
						Y 1 0	Amount 100.00
Full Name of Contributor JAMES R. GREENE						Registration Number, if PAC	
Street Address 1599 E. GATES ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State O H		Zip Code 43206	M 1 0	D 1 4
						Y 1 0	Amount 100.00
Full Name of Contributor GARY J. GOTTFRIED CO. LPA BY GARY J. GOTTFRIED						Registration Number, if PAC	
Street Address 608 OFFICE PARKWAY, STE. B			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE			State O H		Zip Code 43082	M 1 0	D 1 9
						Y 1 0	Amount 300.00
Full Name of Contributor THE BEHAL LAW GROUP LLC BY ROBERT BEHAL						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 0	Amount 250.00
Full Name of Contributor JEFFREY A. BROWN						Registration Number, if PAC	
Street Address 580 S. HIGH ST., STE. 200			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State O H		Zip Code 43215	M 1 0	D 1 9
						Y 1 0	Amount 100.00
Full Name of Contributor CECELIA A MCFADDEN						Registration Number, if PAC	
Street Address 2901 BARROWS RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS			State O H		Zip Code 43232	M 1 0	D 2 9
						Y 1 0	Amount 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