31-A				
R.C.	351	7.	10	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	r resembed by					
Name of Committee in Full	•					
REELECT JUDGE BROWNE! (RJB)						
Full Name of Contributor			Registra	ition Num	ber, if PA	AC .
CONTRIBUTIONS FROM FORM 31-E						
Street Address	Employer/Oc	cupation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	<u> </u>					
City	State	Zip Code	М	D	Y	Amount
			0 7	3 1	1 0	2,900.00
Full Name of Contributor		<u>-</u>	Registra	tion Num	ber, if PA	AC .
CONTRIBUTIONS FROM FORM 31-E						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zîp Code	М	D	Y	Amount
			0 8	2 8	1 0	950.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
CONTRIBUTIONS FROM FORM 31-E						
Street Address	Employer/Oc	cupation/Labor Organization*	·	•		Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
			0 9	2 1	$1 \mid 0$	1,520.00
Full Name of Contributor		<u>-</u> -	Registra	tion Num	ber, if PA	C
CONTRIBUTIONS FROM FORM 31-E						
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)
	ļ					
City	State	Zip Code	M	D	Y	Amount
	1		0 6	1 7	10	4,075.00
Full Name of Contributor		-	Registra	tion Num	ber, if PA	ic -
	-					
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Clieck, etc.)
or.	<u> </u>					
City	State	Zip Code	M _.	D	Y	Amount
P. HAY. P.C. L. W.	<u> </u>					
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
0						
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)
201.	<u> </u>			•		
City	State	Zip Code	M	D	Y	Amount
P. D.Y			<u> </u>			<u> </u>
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	le , 6					
sireet Address	Employer/Oci	eupation/Labor Organization*				Form (Cash, Check, etc.)
City		12: 0.1				
	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		В : .		70324	
The Ivalic of Commontor			Kegistra	tion Num	ber, it PA	C
Street Address	Employee/O-	cupation/Labor Organization*				r
CONTRACTOR	isiupioyer/Occ	-upanumitaqui Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
) June	Zip Code	l W	1	1	Атошт
equired for contributions from individuals over \$100 to statewide and gane	 _				لبليا	

Page Total \$	9,445.00
_	

^{*} 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)]