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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			TO CHARLES AND ADDRESS			
REELECT JUDGE BROWNE! (RJB) Full Name of Contributor					1 2004	C.
ALLEASE FLOWERS			Registr	ation Num	iber, it PA	C
Street Address	Employer/Occur	pation/Labor Organization*			No. of the Association of the As	Form (Cash, Check, etc.)
1752 NIAGARA RD.	Employen Occup	Milon/Labor Organization				<u> </u>
City	State	Zip Code	М	l D	Y	CHECK Amount
COLUMBUS	O H	43227	\$	1 8	1	8
Full Name of Contributor		E La				Barria and the contract of the
Full Name of Contributor Registration Number, if PAC LORI A. BROWN JOHNSON						
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
1016 CONESTOGA DR.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	OH	43213	0 4	1 7	1 0	100.00
Full Name of Contributor			CONTRACTOR OF THE PARTY OF THE	ation Num	A CONTRACTOR OF THE PARTY OF TH	The second and the second seco
THOMAS TYACK						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
536 S. HIGH ST.						CHECK
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43215	0 4	2 7	1 0	383.33
Full Name of Contributor				ation Num	alanaman de manago de la composição de la c	Anna and the same of the same
MARGARET BLACKMORE* (COURT-APPOINTED ATTORNEY)						
Street Address		oation/Labor Organization*				Form (Cash, Check, etc.)
536 S. HIGH ST.	TYACK	, BLACKMORE, L	ISTO	VCO.		CHECK
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	<u> </u>	43215	$0 \mid 4$	2 7	1 0	383.33
Full Name of Contributor Registration Number, if PAC						
JOSEPH NIGH* (COURT-APPOINTE						
Street Address	i	pation/Labor Organization*				Form (Cash, Check, etc.)
536 S. HIGH ST.		<u>, BLACKMORE, L</u>	·			CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	0 H	43215	THE PERSON NAMED IN COLUMN	2 7	NAMES OF TAXABLE PARTY.	
Full Name of Contributor Registration Number, if PAC						
THOMAS TANEFF						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
600 S. HIGH ST., STE. 201	State	101. O. 1.	7		Y	CHECK
COLUMBUS	State O H	Zip Code	M	D		Amount
Full Name of Contributor	0 11	43215		10		
Full Name of Contributor Registration Number, if PAC MARCIE HAWKINS						
						Form (Cash, Check, etc.)
2987 MCCAMMON CHASE DR.	EmployenOccup	ation/Lator Organization				CHECK
City	State	Zip Code	M	D	ΙΥ	Amount
LEWIS CENTER	0 H	43035	0 5	1 .	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$	§
Full Name of Contributor		70000	suprificament principles		Co-communication was need	General contractor in the case in the contractor of the contractor
Full Name of Contributor SCHOTTENSTEIN, ZOX & DUNN Registration Number, if PAC OH1310					-	
Street Address	Employer/Occup	ation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)
250 WEST ST.	and the state of t	J				CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	O H	43215	0 4	2 8	1	250.00
		and review and an experience of the contract o	un beramadouni	arianaman and and and	Assessment of the last of the	CONTRACTOR OF THE PROPERTY OF

* 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 \$ 1,625.00		THE RESERVE THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA
	Page Total \$	1,625.00