

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (R/B)													
Full Name of Contributor ALLEASE FLOWERS						Registration Number, if PAC							
Street Address 1752 NIAGARA RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43227		M 0 4		D 1 8		Y 1 0		Amount 50.00	
Full Name of Contributor LORI A. BROWN JOHNSON						Registration Number, if PAC							
Street Address 1016 CONESTOGA DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43213		M 0 4		D 1 7		Y 1 0		Amount 100.00	
Full Name of Contributor THOMAS TYACK						Registration Number, if PAC							
Street Address 536 S. HIGH ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 4		D 2 7		Y 1 0		Amount 383.33	
Full Name of Contributor MARGARET BLACKMORE* (COURT-APPOINTED ATTORNEY)						Registration Number, if PAC							
Street Address 536 S. HIGH ST.			Employer/Occupation/Labor Organization* TYACK, BLACKMORE, LISTON CO.				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 4		D 2 7		Y 1 0		Amount 383.33	
Full Name of Contributor JOSEPH NIGH* (COURT-APPOINTED ATTORNEY)						Registration Number, if PAC							
Street Address 536 S. HIGH ST.			Employer/Occupation/Labor Organization* TYACK, BLACKMORE, LISTON CO.				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 4		D 2 7		Y 1 0		Amount 383.34	
Full Name of Contributor THOMAS TANEFF						Registration Number, if PAC							
Street Address 600 S. HIGH ST., STE. 201			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 5		D 1 0		Y 1 0		Amount 50.00	
Full Name of Contributor MARCIE HAWKINS						Registration Number, if PAC							
Street Address 2987 MCCAMMON CHASE DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City LEWIS CENTER		State O H		Zip Code 43035		M 0 5		D 0 1		Y 1 0		Amount 25.00	
Full Name of Contributor SCHOTTENSTEIN, ZOX & DUNN						Registration Number, if PAC OH1310							
Street Address 250 WEST ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK						
City COLUMBUS		State O H		Zip Code 43215		M 0 4		D 2 8		Y 1 0		Amount 250.00	

* 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 \$ 1,625.00