

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>REELECT JUDGE BROWNE! (RJB)</b>									
Full Name of Contributor <b>BRIAN RUSSELL</b>						Registration Number, if PAC			
Street Address <b>2545 FARMERS DRIVE, STE. 180</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CREDIT CARD</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>CHRISTOPHER TAMMS*</b>						Registration Number, if PAC			
Street Address <b>5 W. MAIN ST.</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CREDIT CARD</b>			
City <b>WESTERVILLE</b>		State <b>OH</b>	Zip Code <b>43081</b>		M <b>0</b>	D <b>4</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>ROBERT GOLDSTEIN*</b>						Registration Number, if PAC			
Street Address <b>2734 E. MAIN ST.</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CREDIT CARD</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>0</b>	D <b>4</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>JODELLE M. D'AMICO</b>						Registration Number, if PAC			
Street Address <b>7110 E. LIVINGSTON AVE.</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>REYNOLDSBURG,</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>	Y <b>6</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>THE LAW OFFICE OF JAY G. PEREZ, LLC</b>						Registration Number, if PAC			
Street Address <b>6797 N. HIGH ST., STE. 105</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>WORTHINGTON</b>		State <b>OH</b>	Zip Code <b>43085</b>		M <b>0</b>	D <b>3</b>	Y <b>0</b>	Y <b>6</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>SUZANNE SABOL</b>						Registration Number, if PAC			
Street Address <b>15 E. KOSSUTH ST.</b>			Employer/Occupation/Labor Organization* <b>ATTORNEY</b>			Form (Cash, Check, etc.) <b>CREDIT CARD</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43206</b>		M <b>0</b>	D <b>2</b>	Y <b>2</b>	Y <b>6</b>	Amount <b>\$175.00</b>
Full Name of Contributor <b>TOTAL CONTRIBUTIONS FROM FORM NO. 31-E</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Y	Amount
		OH			0	4	0	7	\$2,450.00
Full Name of Contributor <b>BUCK FISH &amp; WHITE</b>						Registration Number, if PAC			
Street Address <b>3380 TREMONT ROAD</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>			
City <b>COLUMBUS</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>3</b>	Y <b>2</b>	Y <b>6</b>	Amount <b>\$175.00</b>

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total: **\$4,000.00**