

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)										
Full Name of Contributor HEINZ ICKERT						Registration Number, if PAC				
Street Address 6875 KILT CT.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK			
City WORTHINGTON			State O H		Zip Code 43085		M 0	D 2	Y 1 6	Amount 100.00
Full Name of Contributor NICHOLAS YAEGER						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 0	D 2	Y 1 6	Amount 150.00
Full Name of Contributor EMMANUEL OLAWALE*						Registration Number, if PAC				
Street Address 3417 COURTLAND DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City LEWIS CENTER			State O H		Zip Code 43035		M 0	D 1	Y 1 6	Amount 250.00
Full Name of Contributor BRIAN RUSSELL						Registration Number, if PAC				
Street Address 2545 FARMERS DRIVE, STE 180			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City COLUMBUS			State O H		Zip Code 43235		M 0	D 1	Y 2 9	Amount 150.00
Full Name of Contributor ROSEMARIE WELCH*						Registration Number, if PAC				
Street Address 3587 GREENVILLE DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City LEWIS CENTER			State O H		Zip Code 43035		M 0	D 2	Y 1 0	Amount 200.00
Full Name of Contributor BETSY SMALLDON						Registration Number, if PAC				
Street Address 6048 ROCKY RILL RD.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City COLUMBUS			State O H		Zip Code 43235		M 0	D 2	Y 1 0	Amount 20.00
Full Name of Contributor ROBERT HETTERSCHIEDT						Registration Number, if PAC				
Street Address 580 S. HIGH ST., STE 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City COLUMBUS			State O H		Zip Code 43215		M 0	D 2	Y 1 1	Amount 150.00
Full Name of Contributor SOWALD SOWALD ANDERSON AND HAWLEY						Registration Number, if PAC				
Street Address 400 S. FIFTH ST., STE 101			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CREDIT CARD			
City COLUMBUS			State O H		Zip Code 43215		M 0	D 2	Y 1 1	Amount 1,500.00

* 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)]