

Statement of Contributions Received

Prescribed by Secretary of State 3/05

N - CO W 1 P H							
Name of Committee in Full							
REELECT JUDGE BROWNE! (RJB)				la :			
Full Name of Contributor				Registra	tion Nun	iber, if PA	AC .
HEINZ ICKERT	In 1 10						In to take the
Street Address	Employer/C	lecupa	ation/Labor Organization*				Form (Cash, Check, etc.)
6875 KILT CT.			T .		,	,	CHECK
City	State		Zip Code	M	D	Y	Amount
WORTHINGTON	101	H	43085	0 2			
Full Name of Contributor Registration Number, if PAC							
NICHOLAS YAEGER							
Street Address	Employer/C	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)
580 S. HIGH ST., STE 200							CHECK
City	State		Zip Code	М	D	Y	Amount
COLUMBUS	0	H	43215	0 2	1 1	1 6	150.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C
EMMANUEL OLAWALE*							
Street Address	Employer/O	ссира	tion/Labor Organization*				Form (Cash, Check, etc.)
3417 COURTLAND DR.							CREDIT CARD
City	State		Zip Code	М	D	Y	Amount
LEWIS CENTER	101	Н	43035	0 1	1 5	1 6	250.00
Full Name of Contributor						ber, if PA	
BRIAN RUSSELL							
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Check, etc.)
2545 FARMERS DRIVE, STE 180			·				CREDIT CARD
City	State		Zip Code	М	D	ΙΥ	Amount
COLUMBUS		Н	43235	0 1	2 9	1	150.00
Full Name of Contributor	1 9 1		10200			ber, if PA	
ROSEMARIE WELCH*							
Street Address	Employer/O	ceupa	tion/Labor Organization*				Form (Cash, Check, etc.)
3587 GREENVILLE DR.		р-					CREDIT CARD
City	State		Zip Code	М	D	Y	Amount
LEWIS CENTER		Н	43035	0 2	1 0	[.	200.00
Full Name of Contributor			43033				
Full Name of Contributor Registration Number, if PAC BETSY SMALLDON							
Street Address	TEmployer/O	ocupa.	tion/Labor Organization*				Form (Cash, Check, etc.)
6048 ROCKY RILL RD.	Employer/Occupation/Labor Organization						CREDIT CARD
City	State		7in Code	М	<u> </u>	Y	Amount
	I	Н	Zip Code		D		
COLUMBUS Full Name of Contributor	101	1 1	43235			1 6 ber, if PA	
				Registra	uon ivum	bei, ii PA	C
ROBERT HETTERSCHEIDT	Tc .1 (0		·				r (C-1 (C-1 ->-)
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
580 S. HIGH ST., STE 200	1		T. 0.1	1			CREDIT CARD
COLLIN ADDIC	State		Zip Code	M	D	Y	Amount
COLUMBUS	0	H	43215	0 2	1 1	1 6	150.00
Full Name of Contributor Registration Number, if PAC							
SOWALD SOWALD ANDERSON AND HAWLEY							
Street Address	Employer/O	ccupat	tion/Labor Organization*				Form (Cash, Check, etc.)
400 S. FIFTH ST., STE 101	 		la: a .	1	-	1	CREDIT CARD
City	State		Zip Code	M	D	Y	Amount
COLUMBUS	O	н	43215	10 2	1 1	1 6	1,500.00

Page Total \$ 2,520.00

^{*} 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)]