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Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | <u> </u> | |
|--|---|---|--|----------|-----------------------------|--------------------------|--------------------------|--|
| Name of Committee in Full | | | | | | | | |
| REELECT JUDGE BROWNE! (RJB) | | | ·· · · · · · · · · · · · · · · · · · · | In | | (67) | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | |
| TOTAL CONTRIBUTIONS FROM FO | | | | | | | F. (C.) Cl.) | |
| Street Address | Employe | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| | | | Tin' a s' | 1 | | | VARIES | |
| City | St | ate I | Zip Code | M O O | D | Y | Amount | |
| | | | <u> </u> | | 111 | 1 6 | 3,308.00 | |
| Full Name of Contributor | | | | Registra | tion Num | ber, it PA | C | |
| JENNIFER JOSEPH | l | 100 | | | | | n (0 1 01 1 1) | |
| Street Address | Employe | Employer/Occupation/Labor Organization* | | | | i | Form (Cash, Check, etc.) | |
| 155 W. MAIN ST. , SUITE 200 | | | | | | | CHECK | |
| City | | ate | Zip Code | M | D | Y | Amount | |
| COLUMBUS | 0 | H | 43215 | 0 2 | | 1 6 | 150.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| VEDA NAMI | _ | | - A | 1 | | | , | |
| Street Address | Employe | r/Occupa | ntion/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 141 KESWICK DR. | | | <u> </u> | | | | CHECK | |
| City | St | ate | Zip Code | M | D | Y | Amount | |
| NEW ALBANY | 0 | H | 43054 | | 019 | | 150.00 | |
| Full Name of Contributor | | | | Registra | tion Num | ber, if PA | .C | |
| JAY SANFORD | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| 3937 OLENTANGY RIVER RD. | | | | | | | CHECK | |
| City | St | ate | Zip Code | М | D | Y | Amount | |
| COLUMBUS | 0 | H | 43214 | 0 2 | 1 5 | 1 6 | 25.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| LINDA STEELE | _ | | | | | | | |
| Street Address | Employe | er/Occupa | ation/Labor Organization* | | | - | Form (Cash, Check, etc.) | |
| 3115 OAKRIDGE RD. | 1 | | | | | | CHECK | |
| City | St | ate | Zip Code | М | D | Y | Amount | |
| COLUMBUS | 0 | H | 43221 | 012 | 1 3 | 1 6 | 25.00 | |
| Full Name of Contributor | | | | Registra | tion Num | ber, if PA | .C | |
| DANIELLE SKESTOS | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) | | |
| 147 E. DESHLER AVE | | | | | | | CHECK | |
| City | St | tate | Zip Code | М | D | Y | Amount | |
| COLUMBUS | 10 | H | 43206 | 0 2 | 0 3 | 1 6 | 150.00 | |
| Full Name of Contributor | • | | | | tion Num | | | |
| JEFFREY BROWN | | | | | | | | |
| Street Address | Employe | er/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 580 S. HIGH ST., STE 200 | | | | | | | CHCK | |
| City | S | tate | Zip Code | M | D | Y | Amount | |
| COLUMBUS | 10 | H | 43215 | 012 | 111 | 1 6 | 150.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| WARREN TYLER | | | | | | | | |
| Street Address | Employ | er/Occup | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 3409 RIVER SEINE | | | | | | | CHECK | |
| City | S | tate | Zip Code | М | D | Υ | Amount | |
| COLUMBUS | 0 | H | 43221 | 0 2 | 116 | 16 | 125.00 | |
| | | | | | | | | |

• 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 \$ | 4,083,00 |
|---------------|----------|