Statement of Contributions Received

Prescribed by Secretary of State 3/05

Di CO W : PH		(apturphenium)			o mode pecativaces				
Name of Committee in Full DETAILORE DECIMALIE! (DID)									
REELECT JUDGE BROWNE! (RJB)						tration Number if PAC			
Il Name of Contributor Registration Number, if P.						oei, ii ra	C		
WILLIAM FRIEDMAN Street Address	Employer/O)coups	tion/Lahor Organization*	<u> </u>		//	Form (Cash, Check	etc)	
76 ASHBOURNE RD.	Employer/Occupation/Labor Organization*				CHECK				
76 ASFIBOURNE RD.	State		Zip Code	Тм	D	Y	Amount		
COLUMBUS	1	Н	43209	$\begin{vmatrix} 0 \\ 0 \end{vmatrix}$	2 9	1 0	l	100.00	
Full Name of Contributor			TU4UJ	The state of the s	tion Num	de la companyación de la company		±00.00	
THOMAS FRIEDMAN*									
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
502 S. THIRD ST.	SELF/COURT-APPOINTED ATTORNEY					CHECK	•		
City	State		Zip Code	M	D	Y	Amount		
COLUMBUS	0	Н	43215	0 3	1 0	1 0		70.00	
Full Name of Contributor	demonstrations	ATCHIO NO DO DO DO			tion Num	Secretario de la constanción dela constanción de la constanción de la constanción de la constanción dela constanción de la constanción de	С		
ROBERT HETTERSCHEIDT									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	., etc.)		
580 S. HIGH ST., STE. 200					CHECK				
City	State		Zip Code	M	D	Y	Amount		
COLUMBUS	0	Н	43215	$0 \mid 4$		1 0	Contract Con	100.00	
Full Name of Contributor				Registra	ition Num	ber, if PA	С		
MELANIE MILLS									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	c, etc.)		
8390 GILMERTON CT.					T v	CHECK			
City	State		Zip Code	M	D	Y	Amount	575.00	
DUBLIN		Н	43017	0 3	10 9 ition Num	10	Barrier 1868 (1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988	575.00	
Full Name of Contributor				Registra	ioon num	oct, II FA			
KEITH SCHNEIDEK Street Address	EITH SCHNEIDER Employer/Occupation // phor Occupitation* Form (Cash Check					c etc.)			
250 CIVIC CENTER DR. STE. 500	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK				
City	State		Zip Code	M	D	Y	Amount		
COLUMBUS	1	Н	43215	$0 \mid 4$		ł	1	575.00	
Full Name of Contributor	I C		10410		ition Num		<u> </u>	_, _, _,	
A CONTRACT OF A CONTRACT									
Street Address							c, etc.)		
588 OZEM GERDNER WAY	JACK & snyder					CHECK			
City	State	:	Zip Code	М	D	Y	Amount		
WESTERVILLE	0	Н	43081	03	0 6	10		50.00	
Full Name of Contributor	-	***************************************			tion Num				
HEATHER SOWALD									
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
210 ACADEMY CT.					CHECK				
City	State		Zip Code	М	D	Y	Amount	per program . O. C.	
GAHANNA	0	H	43230	0 3	THE PERSON NAMED IN COLUMN		And the second s	575.00	
Full Name of Contributor Registration Number, if PAC									
THOMAS TANEFF									
Street Address	Employer/Occupation/Labor Organization*				Fопп (Cash, Check, etc.) СНЕСК				
600 S. HIGH ST., STE. 201	State Zip Code M D Y			Amount					
COLLINARIES	State		Zip Code	1 .		1	Ашони	50.00	
COLUMBUS		H	43215	$0 \mid 1$	2 5	1 0		50.00	

Page Total \$	2,095.00

^{*} 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)]