Page ∠

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
REELECT JUDGE BROWNE! (RJB)						
Full Name of Contributor			Registr	ation Nun	ber, if PA	C
JON M. COPE			BICO SISC	adon ran	1001, 11 1 7 1	
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Check, etc.)
3600 OLENTANGY RIVER RD	, programme	.,,				CHECK
City	State	Zip Code	ΙM	D	Y	Amount
COLUMBUS	OH	1 '	1	i	1 0	B .
Full Name of Contributor		L. / L. X. K.		THE RESERVE OF THE PARTY OF THE	ber, if PA	
SCOTT WRIGHT					,	
Street Address	Employer/Occi	pation/Labor Organization*		and the second second second		Form (Cash, Check, etc.)
261 S. FRONT ST.						CHECK
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43215	015	2 5	1 0	75.00
Full Name of Contributor					ber, if PA	
JOHN H. BATES* (COURT APPOINT	ED ATTO	RNEY)				
Street Address		ipation/Labor Organization*		en in distribution in West and the Con-	80. 1000 7000 1000 1000 1000 1000 1000 10	Form (Cash, Check, etc.)
495 S. HIGH ST., STE. 400	SELF/	ATTORNEY				CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	OH	43215	0 5	3 1	1 0	100.00
Full Name of Contributor					ber, if PA	
CONTRIBUTIONS FROM FORM 31-E						
Street Address	Employer/Occi	ipation/Labor Organization*			MANAGEMENT CONTRACTOR	Form (Cash, Check, etc.)
288577-1452	Name and the second					
City	State	Zip Code	М	D	Y	Amount
			0 5	1 3	10	1,165.00
Full Name of Contributor					ber, if PA	
CONTRIBUTIONS FROM FORM 31-E	,		all contracts			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
	000					
City	State	Zip Code	М	D	1	Amount .
			0 6	0 4	1 0	810.00
Full Name of Contributor			Registr	ation Num	ber, if PA	C
					Vittiniya simplesmoene	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Num	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
						
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ation Num	ber, if PA	С
Street Address						
Succe Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City.	<u></u>	2 0 1		T	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	М	D	Y	Amount

* 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	\$ 2,450.00
	No.