Page 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Commission in Full	· · · · · · · · ·					
Name of Committee in Full DEELECT HIDGE RECOMMENDED DEELECT HIDGE RECOMMENDED						
REELECT JUDGE BROWNE! (RJB) Full Name of Countibutor	-		Danista	· Can Name	L (CDA	<u>^</u>
			Kegisu	ation Num	Det, 11 ra	C
DIRKEN WINKLER*	I=110	· a-tOii+				n (Out Outle 141)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
35 E. LIVINGSTON		T	_	,	_	CREDIT CARD
City	State	Zîp Code	M _	D	Y	Amount
COLUMBUS	OH	43215	0 7			250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
DAVID WELCH	_					
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3587 GREENVILLE DR						CREDIT CARD
City	State	Zip Code	М	G	Y	Amount
LEWIS CENTER	O H	43035	017	113	116	200.00
Full Name of Contributor	•	<u> </u>		tion Num		
RAINER STEINHOFF*						
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)
920 STONEY CREEK RD.	1	J				CREDIT CARD
City	State	Zip Code	Тм	D	ΓY	Amount
COLUMBUS	OH	43235	0 7	1	1 6	50.00
Full Name of Contributor	1 0 1 33	1.40200		tion Num		
SCOTT HAYNES*			Registia	IION IVIIII	oci, u ra	C
Street Address	TE-polosym/Onesin	ntion/Labor Occanization	Ц			From (Cook Cheek are)
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
6135 BLAVERLY DRIVE	-	12: 0 1	1	T =		CREDIT CARD
City	State	Zip Code	M _A	D	Y	Amount
NEW ALBANY	OIH	43054		015		150.00
Full Name of Contributor Registration Number, if PAC						
MICHAEL FALKENHAIN						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
837 PARK STREET	<u> </u>					CREDIT CARD
City	State	Zip Code	М	D		Amount
COLUMBUS	OH	43215	0 8	2 9	1 6	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
BILL DUTTON						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1330 BAYBORO DR.	-					CREDIT CARD
City	State	Zip Code	М	D	Y	Amount
NEW ALBANY	OIH	43054	1110	016	116	100.00
Full Name of Contributor		L		tion Num		
AMY WEIS			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
632 S. FIFTH ST.	* •,					CREDIT CARD
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	OH	43206	1	1 3		450.00
Full Name of Contributor	101	<u> 4</u> 3200				
· · · · · · · · · · · · · · · · · · ·						
JENNIFER DUVALL Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
	глярюует/Оссир	anon Labor Organization*				
208 W. SCHREYER PL.	1	lational	1	· ~		CREDIT CARD
City COLLED ADVICE	State	Zip Code	M	D	1	Amount
COLUMBUS	O H	43214	[1]0	1 8	$\lfloor 1 \rfloor 6$	60.00

* 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 \$	1,360.00