

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor DIRKEN WINKLER*					Registration Number, if PAC		
Street Address 35 E. LIVINGSTON		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 7	Y 1	Amount 250.00	
Full Name of Contributor DAVID WELCH					Registration Number, if PAC		
Street Address 3587 GREENVILLE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City LEWIS CENTER	State O H	Zip Code 43035	M 0	D 7	Y 1	Amount 200.00	
Full Name of Contributor RAINER STEINHOFF*					Registration Number, if PAC		
Street Address 920 STONEY CREEK RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43235	M 0	D 7	Y 2	Amount 50.00	
Full Name of Contributor SCOTT HAYNES*					Registration Number, if PAC		
Street Address 6135 BLAVERLY DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City NEW ALBANY	State O H	Zip Code 43054	M 0	D 8	Y 0	Amount 150.00	
Full Name of Contributor MICHAEL FALKENHAIN					Registration Number, if PAC		
Street Address 837 PARK STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 8	Y 2	Amount 100.00	
Full Name of Contributor BILL DUTTON					Registration Number, if PAC		
Street Address 1330 BAYBORO DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City NEW ALBANY	State O H	Zip Code 43054	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor AMY WEIS					Registration Number, if PAC		
Street Address 632 S. FIFTH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43206	M 1	D 0	Y 1	Amount 450.00	
Full Name of Contributor JENNIFER DUVALL					Registration Number, if PAC		
Street Address 208 W. SCHREYER PL.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43214	M 1	D 0	Y 1	Amount 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