

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM NO. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) VARIES		
City	State	Zip Code	M	D	Y	Amount 6,480.00	
Full Name of Contributor MELISSA M. GAST*					Registration Number, if PAC		
Street Address 48 W. WHITTIER ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43206	M 0 6	D 2 0	Y 1 6	Amount 500.00	
Full Name of Contributor MEREDITH SNYDER*					Registration Number, if PAC		
Street Address 588 OZEM GARDNER WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0 4	D 1 8	Y 1 6	Amount 100.00	
Full Name of Contributor RUTH DAILY					Registration Number, if PAC		
Street Address 5315 HAYES ROAD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City GROVE PORT	State O H	Zip Code 43125	M 0 6	D 0 7	Y 1 6	Amount 200.00	
Full Name of Contributor THOMAS TANEFF CO. LPA					Registration Number, if PAC		
Street Address 250 CIVIC CENTER DR. STE 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 6	D 0 7	Y 1 6	Amount 750.00	
Full Name of Contributor JAMES GREEN					Registration Number, if PAC		
Street Address 1599 E. GATES ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43206	M 0 7	D 0 5	Y 1 6	Amount 100.00	
Full Name of Contributor ANGELA FENN-GARRETT					Registration Number, if PAC		
Street Address 5375 WALSHIRE DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43232	M 0 7	D 0 6	Y 1 6	Amount 100.00	
Full Name of Contributor KATHI SCHEAR*					Registration Number, if PAC		
Street Address 556 OVERBROOK DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 0 7	D 0 7	Y 1 6	Amount 40.00	

* 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)]