

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE, LLP					Registration Number, if PAC OH108		
Street Address 52 E. GAY ST., POBOX 1008		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 7	D 1 4	Y 1 0	Amount 1,500.00	
Full Name of Contributor COLUMBUS/CENTRAL OHIO BUILDING TRADES COUNCIL					Registration Number, if PAC PCE 6131		
Street Address 555 E. RICH ST., RM 217		Employer/Occupation/Labor Organization* EDUCATION FUND			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 1 7	Y 1 0	Amount 250.00	
Full Name of Contributor BOBBIE CORLEY OKEEFE, LLC BY BOBBIE C. OKEEFE*					Registration Number, if PAC		
Street Address 830 E. JOHNSTOWN RD.		Employer/Occupation/Labor Organization* ATTORNEY/SELF			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0 8	D 1 9	Y 1 0	Amount 250.00	
Full Name of Contributor WARREN W. TYLER					Registration Number, if PAC		
Street Address 3409 RIVER SEINE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0 8	D 2 2	Y 1 0	Amount 100.00	
Full Name of Contributor DANIELLE SKESTOS					Registration Number, if PAC		
Street Address 250 E. BROAD ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 0 9	Y 1 0	Amount 500.00	
Full Name of Contributor JOHN H. BATES* (COURT-APPOINTED ATTORNEY)					Registration Number, if PAC		
Street Address 495 S. HIGH ST., STE. 400		Employer/Occupation/Labor Organization* SELF/ATTORNEY			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 0 2	Y 1 0	Amount 100.00	
Full Name of Contributor CHESTER, WILLCOX & SAXBE GOOD GOV. FUND					Registration Number, if PAC OH843		
Street Address 65 E. STATE ST. STE. 1000		Employer/Occupation/Labor Organization* LAW FIRM			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 7	D 3 0	Y 1 0	Amount 250.00	
Full Name of Contributor ANTHONY AUTEN					Registration Number, if PAC		
Street Address 5761 TRAVIS POINTE CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 1 0	D 1 3	Y 1 0	Amount 150.00	

* 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)]