

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full							• —		
REELECT JUDGE BROWNE! (RJB)								
Full Name of Contributor			Registra	Registration Number, if PAC					
TOTAL CONTRIBUTIONS FR	OM FORM NO. 31	E							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl	heck, etc.)		
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City	State	Zip Code	М	D .	Y	Amount			
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Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
ERIC BURGESS									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Cl			
313 LINDEN CIRCLE	UNKNO	UNKNOWN				CREDIT CARD			
City	State	Zip Code	М	D	Y	Amount			
PICKERINGTON	OH	43147	1 2	2 8	1 5	<u> </u>	50.00		
Full Name of Contributor		Registration Number, if PAC							
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Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, C	neck, etc.)		
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* 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 **\$** _____5,000.00