

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor HAGEMAN LAW OFFICES LLC					Registration Number, if PAC		
Street Address 580 S HIGH ST. STE 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 6	Amount 100.00	
Full Name of Contributor SUSAN M. LANTZ					Registration Number, if PAC		
Street Address 434 E. RICH ST.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 1 9	Y 1 6	Amount 250.00	
Full Name of Contributor JULIE SANFORD					Registration Number, if PAC		
Street Address 3937 OLENTANGY RIVER RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 0 8	D 0 8	Y 1 6	Amount 100.00	
Full Name of Contributor JOHN BATES					Registration Number, if PAC		
Street Address 495 S. HIGH ST. STE 400		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 8	D 2 0	Y 1 6	Amount 100.00	
Full Name of Contributor MARY BETH FISHER*					Registration Number, if PAC		
Street Address 3636 N. HIGH ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43214	M 0 9	D 2 0	Y 1 6	Amount 500.00	
Full Name of Contributor BABBITT & DAHLBERG LLC					Registration Number, if PAC		
Street Address 503 S. FRONT ST. STE 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City COLUMBUS	State O H	Zip Code 43215	M 0 7	D 1 1	Y 1 6	Amount 1,000.00	
Full Name of Contributor ROSS GILLESPIE					Registration Number, if PAC		
Street Address 5650 BLAZER PARKWAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 1 2	Y 1 6	Amount 200.00	
Full Name of Contributor SHAWN ORGAN					Registration Number, if PAC		
Street Address 8125 HOLYROOD COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CREDIT CARD		
City DUBLIN	State O H	Zip Code 43017	M 0 7	D 1 2	Y 1 6	Amount 500.00	

* 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 \$ 2,750.00