

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)								
Full Name of Contributor				Daniel	ation Num	har if DA	<u> </u>	
HAGEMAN LAW OFFICES LLC				vefizit	TOO MILL	DCI, II FA		
Street Address	Employer	/Occuma	ation/Labor Organization*				Form (Cash, Check, etc.)	
580 S HIGH ST. STE 200		готоци	odd Date of Chamber of				CHECK	
City 200	Sta	**	Zip Code	l M	D	ΙΥ	Amount	
COLUMBUS		H	43215		014	I .	100.00	
Full Name of Contributor	10:		40210		tion Num			
SUSAN M. LANTZ								
Street Address	Employer	/Occura	ation/Labor Organization*	Ь	·	-	Form (Cash, Check, etc.)	
434 E. RICH ST.	' '	•					CHECK	
City	Sta	te	Zip Code	М	l D	Y	Amount	
COLUMBUS	loï	Н	43215		1 9	116	250.00	
Full Name of Contributor	1 0 1		40210					
Full Name of Contributor Registration Number, if PAC JULIE SANFORD								
Street Address	Employer	Оссира	ntion/Labor Organization*				Form (Cash, Check, etc.)	
3937 OLENTANGY RIVER RD.	1 ' '	•					CHECK	
City	Star	te	Zip Code	Тм	I D	Y	Amount	
COLUMBUS		Н	43214	0 8	<u> </u>	i . I	100.00	
Full Name of Contributor	1 -		1_10_11		tion Num			
JOHN BATES								
Street Address	Employer	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
495 S. HIGH ST. STE 400	}						CHECK	
City	Stat	te .	Zip Code	М	D	Y	Amount	
COLUMBUS	101	Н	43215	018	210.	116	100.00	
Full Name of Contributor	•		<u>. </u>		tion Num			
MARY BETH FISHER*								
Street Address	Employer/	Оссира	tion/Labor Organization*	-			Form (Cash, Check, etc.)	
3636 N. HIGH ST	J						CHECK	
City	Stat	ie	Zip Code	М	D	Y	Amount	
COLUMBUS	Jol	H	43214	019	210	1 6	500.00	
Full Name of Contributor					tion Num		С	
BABBITT & DAHLBERG LLC								
Street Address	Employer/	Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
503 S. FRONT ST. STE 200							CREDIT CARD	
City	Stat		Zip Code	' M	D		Amount	
COLUMBUS	01	Н	43215	017	1 1	1 6	1,000.00	
Full Name of Contributor			*		tion Numl			
ROSS GILLESPIE				<u> </u>			_	
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
5650 BLAZER PARKWAY	↓						CREDIT CARD	
City	Stat		Zip Code	M	D	Y	Amount	
DUBLIN	01	Н	43017	0 7		1 6	200.00	
Full Name of Contributor Registration Number, if PAC SHAWN ORGAN								
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
8125 HOLYROOD COURT]		V				CREDIT CARD	
City	Stat	e	Zip Code	М	D	Y	Amount	
DUBLIN	loi	Н	43017	017	1 2	1 6	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)]

P	age	Tetal \$	2,750.00