

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full ReElect Judge Browne! (RJB)							
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 3409 River Seine St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 3	D 0 2	Y 1 0	Amount 475.00	
Full Name of Contributor EUGENE BATTISTI					Registration Number, if PAC		
Street Address 500 S. FRONT ST., STE. 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 1	D 2 6	Y 1 0	Amount 100.00	
Full Name of Contributor Joanne Aubrey					Registration Number, if PAC		
Street Address 118 E. Main St., 2nd Floor		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 3 1	Y 1 0	Amount 60.00	
Full Name of Contributor EUGENE BATTISTI					Registration Number, if PAC		
Street Address 500 S. FRONT ST., STE. 260		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 3	D 3 1	Y 1 0	Amount 100.00	
Full Name of Contributor ELAINE BUCK					Registration Number, if PAC		
Street Address 1570 FISHINGER RD., STE. 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0 4	D 0 9	Y 1 0	Amount 60.00	
Full Name of Contributor TOKI CLARK					Registration Number, if PAC		
Street Address 233 S. HIGH ST. 3RD FLOOR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 0	Y 1 0	Amount 150.00	
Full Name of Contributor COLLINS & SLAGLE CO., LPA					Registration Number, if PAC		
Street Address 21 E. STATE ST., STE. 930		Employer/Occupation/Labor Organization* BY OWNER PHILIP COLLINS			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 1	Y 1 0	Amount 1,000.00	
Full Name of Contributor LISA ESCHLEMAN					Registration Number, if PAC		
Street Address 2141 CRIMSON CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City Columbus	State O H	Zip Code 43235	M 0 3	D 0 8	Y 1 0	Amount 35.00	

* 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)]