

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)							
Full Name of Contributor BRADLEY FOR OHIO					Registration Number, if PAC		
Street Address 260 N CASSADY AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City BEXLEY		State O H	Zip Code 43209	M 1 1	D 0 4	Y 1 6	Amount 1,000.00
Full Name of Contributor LAW OFFICE OF MARGARET BLACKMORE LLC					Registration Number, if PAC		
Street Address 580 S HIGH ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 1 1	D 0 4	Y 1 6	Amount 250.00
Full Name of Contributor JASON C BLUM					Registration Number, if PAC		
Street Address 52 W WHITTIER ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43206	M 1 1	D 0 4	Y 1 6	Amount 50.00
Full Name of Contributor MATTHEW M DAMSCHRODER					Registration Number, if PAC		
Street Address 1125 E COOKE RD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43224	M 1 1	D 1 6	Y 1 6	Amount 100.00
Full Name of Contributor BERGMAN & YIANGOU					Registration Number, if PAC		
Street Address 3099 SULLIVANT AVE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43204	M 1 1	D 1 6	Y 1 6	Amount 150.00
Full Name of Contributor FRANKLIN COUNTY REPUBLICAN PARTY					Registration Number, if PAC		
Street Address 14 E GAY ST. FLOOR 2			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H	Zip Code 43215	M 1 0	D 2 8	Y 1 6	Amount 4,000.00
Full Name of Contributor WORTHINGTON REPUBLICAN WOMEN					Registration Number, if PAC		
Street Address 6550 N. HIGH ST			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City WORTHINGTON		State O H	Zip Code 43085	M 1 0	D 2 8	Y 1 6	Amount 50.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

* 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)]