31-A
R.C. 3517.10

Page 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Jeffrey M. Brown for Judge							
Full Name of Contributor						Registration Number, if PAC	
Blaise Baker							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2 Miranova Pl., Suite 700							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	12	14	16		300.00
Full Name of Contributor						Registration Number, if PAC	
James Sicaras							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1955 Upper Chelsea Rd.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43221	01	17	17		500.00
Full Name of Contributor						Registration Number, if PAC	
The Brunner Firm Co., LPA							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
35 N. Fourth St.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	01	30	17		150.00
Full Name of Contributor						Registration Number, if PAC	
Ronald James							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
330 S. High St.							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	02	03	17		100.00
Full Name of Contributor						Registration Number, if PAC	
Saroj Patel							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
264 Olentangy Ridge Pl.							Check
City	State	Zip Code	M	D	Y		Amount
Powell	OH	43065	02	12	17		600.00
Full Name of Contributor						Registration Number, if PAC	
Kamal Lakhi							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1840 Woodland Hall Dr.							Check
City	State	Zip Code	M	D	Y		Amount
Delaware	OH	43015	02	12	17		200.00
Full Name of Contributor						Registration Number, if PAC	
Suguneswaran Suguness							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4340 Manor Ct. E.							Check
City	State	Zip Code	M	D	Y		Amount
Dublin	OH	43017	02	15	17		100.00
Full Name of Contributor						Registration Number, if PAC	
Issac Wiles Burkholder & Teetor LLC							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
2 Miranova Pl., Suite 700							Check
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	02	20	17		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 $ 2,450.00