

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Chris Brown for Judge						
Full Name of Contributor Transferred from Form 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 9	Y 0	Amount 1400
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC	
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 2	Amount 200
Full Name of Contributor Jackie Troutman					Registration Number, if PAC	
Street Address 335 Woodsvie Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	M 0	D 9	Y 0	Amount 40
Full Name of Contributor Removed for Editing Purposes					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor Ross & Midian LLC					Registration Number, if PAC	
Street Address 309 S. Fourth St., Suite 100		Employer/Occupation/Labor Organization* Law Firm			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount 500
Full Name of Contributor Hansel Rhee					Registration Number, if PAC	
Street Address 4045 Holkham		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 1	Amount 500
Full Name of Contributor Citizens for Stinziano					Registration Number, if PAC	
Street Address 550 E. Walnut St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 1	Amount 200
Full Name of Contributor Bailey Cavalieri LLC					Registration Number, if PAC	
Street Address 10 W. Broad St, Suite 2100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2	Amount 500

* 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 also appear. [R.C. 3517.10(B)(4)]

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