

Statement of Contributions Received

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 1	D 2	Y 1	Amount \$3,375.00
Full Name of Contributor Joe Edwards				Registration Number, if PAC		
Street Address 341 S. 3rd St. Ste 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount \$400.00
Full Name of Contributor Kristin Bryant				Registration Number, if PAC		
Street Address 7489-A Parkridge Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 2	Y 1	Amount \$50.00
Full Name of Contributor Jo Kaiser				Registration Number, if PAC		
Street Address 389 Library Park Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount \$50.00
Full Name of Contributor Sara Valentine				Registration Number, if PAC		
Street Address 2915 Boggs Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Zanesville	State OH	Zip Code 43701	M 1	D 2	Y 1	Amount \$20.00
Full Name of Contributor Ross & Midian				Registration Number, if PAC		
Street Address 309 S. 4th St., Suite 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount \$200.00
Full Name of Contributor Scott & Nolder				Registration Number, if PAC		
Street Address 65 E. State St., Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount \$150.00
Full Name of Contributor Yavitch & Palmer				Registration Number, if PAC		
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 2	Y 1	Amount \$150.00

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

Page Total **\$4,395.00**