## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							<u></u>
Jeffrey M. Brown for Judge Full Name of Contributor			- In .				
			Registrat	tion Num	ber, if PA	.C	<u></u>
Steven Davis Street Address	Tr1(O					E (C   C	
1669 Parkland Dr.	Employer/Occi	upation/Labor Organization*				Form (Cash, Ch	ieck, etc.)
City	State	Zip Code	M	D	Y	Check	
Lancaster	OH	1 '	$\begin{vmatrix} \mathbf{n} \\ 0 \end{vmatrix} 2$	018		Amoun	600.00
Full Name of Contributor	1.0	40/100			ber, if PA	C	000.00
Michael Wolcott							
Street Address	Employer/Occupation/Labor Organization*			-		Form (Cash, Ch	eck, etc.)
7670 McKnight Rd.					Check		
City	State	Zîp Code	М	D	Ϋ́	Amount	
Pittsburgh	P   A	15237	012	018	116		600.00
Full Name of Contributor	•	•	Registra		ber, if PA	.C	
Rhett Ricart			<u> </u>				
Street Address	Employer/Occupation/Labor Organization*						eck, etc.)
34 W. Poplar Ave., Apt. 502						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O   H	43215	0 2	1 2	16		600.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
John Ohsner							
Street Address	Employer/Occi	apation/Labor Organization*				Form (Cash, Check, etc.)	
2752 Woodstock Rd.		Te: A L	1			Check	
Calvarahara	State O   H	Zip Code	M	D 1 Lo	Y	Amount	(00.00
Columbus Full Name of Contributor	] O   H	43221	0 2	1 8	16 ber, if PA	<u> </u>	600.00
Jessica Ohsner			Kegistiai	non Nun	bet, it ra	·C	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Cl	eck etc.)
2752 Woodstock Rd.	Етрюуст оссираной ваоб отданалион					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OLH	.   -	012	1 9	116		600.00
Full Name of Contributor					ber, if PA	.C	000.00
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	'C	
Street Address	Employer/Occi				Form (Cash, Cl	ieck, etc.)	
	5	72.01	1 14	L 5	1		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	. ! !	<u> </u>	Registra	tion Num	ber, if PA	<u>.</u>	
I the Name of Controllor			registre		ber, n i i		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Cl	eck, etc.)
	1 ,						
City	State	Zip Code	М	D	Y	Amount	
	1						
			-				

\* 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 \$ 3,000.00
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