

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Jeffrey M. Brown for Judge</b>							
Full Name of Contributor <b>Steven Davis</b>					Registration Number, if PAC <b>~</b>		
Street Address <b>1669 Parkland Dr.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Lancaster</b>	State <b>O   H</b>	Zip Code <b>43130</b>	M <b>0   2</b>	D <b>0   8</b>	Y <b>1   6</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>Michael Wolcott</b>					Registration Number, if PAC		
Street Address <b>7670 McKnight Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pittsburgh</b>	State <b>P   A</b>	Zip Code <b>15237</b>	M <b>0   2</b>	D <b>0   8</b>	Y <b>1   6</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>Rhett Ricart</b>					Registration Number, if PAC		
Street Address <b>34 W. Poplar Ave., Apt. 502</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   2</b>	D <b>1   2</b>	Y <b>1   6</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>John Ohsner</b>					Registration Number, if PAC		
Street Address <b>2752 Woodstock Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   2</b>	D <b>1   8</b>	Y <b>1   6</b>	Amount <b>600.00</b>	
Full Name of Contributor <b>Jessica Ohsner</b>					Registration Number, if PAC		
Street Address <b>2752 Woodstock Rd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	M <b>0   2</b>	D <b>1   9</b>	Y <b>1   6</b>	Amount <b>600.00</b>	
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	
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	
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))

Page Total \$ 3,000.00