

FOR PAPER FILING ONLY
Statement of Contributions ReceivedPage 4

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
					4	1	4
					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
					8	2	8
					Amount 200		
Full Name of Contributor Jackie Troutman						Registration Number, if PAC	
Street Address 335 Woodsvlew Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Canal Winchester			State OH	Zip Code 43110	M 0	D 9	Y 0
					0	1	1
					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
					8	1	4
					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
					1	0	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
					5	1	4
					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
					2	2	1
					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)]