31-A
R.C. 3517.14

Statement of Contributions Received

Prescribed by Secretary of State 3/09

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor						Registration Number, if PAC	
Rebekah Smith							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
230 West Street Suite 700							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	10	15	14		100.00
Full Name of Contributor						Registration Number, if PAC	
Mark Pukita							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
4467 Donegal Cliffs							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43017	10	15	14		100.00
Full Name of Contributor						Registration Number, if PAC	
Susan Murray							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1332 Castleton Rd. N							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	10	15	14		100.00
Full Name of Contributor						Registration Number, if PAC	
Richard Mayhall							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
701 Dennison Ave.							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43215	10	15	14		150.00
Full Name of Contributor						Registration Number, if PAC	
Mark Murphy							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1051 Old Henderson Rd							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	10	15	14		150.00
Full Name of Contributor						Registration Number, if PAC	
Bryan Johnon							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
5003 Horizons Dr. Suite 200							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43220	10	15	14		600.00
Full Name of Contributor						Registration Number, if PAC	
Julie Jenkins							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
1531 Arlington Ave.							credit card
City	State	Zip Code	M	D	Y		Amount
Columbus	OH	43212	10	15	14		100.00
Full Name of Contributor						Registration Number, if PAC	
Steven Jackson							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
3245 Orange Sun St							credit card
City	State	Zip Code	M	D	Y		Amount
Las Vegas	NV	89135	10	15	14		600.00

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

Page Total $ 1,900.00