

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee for Chris Brown for Judge</b>									
Full Name of Contributor <b>Crabbe, Brown and James</b>						Registration Number, if PAC			
Street Address <b>500 S. Front St., Suite 1200</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43215</b>		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount <b>\$250.00</b>
Full Name of Contributor <b>Robert Krapenc</b>						Registration Number, if PAC			
Street Address <b>601 S. High St., 1st Floor</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43215</b>		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount <b>\$250.00</b>
Full Name of Contributor <b>Ross &amp; Midian</b>						Registration Number, if PAC			
Street Address <b>309 S. Front St., Suite 100</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43215</b>		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M <b>0</b> D <b>3</b> Y <b>0</b>		Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State <b>OH</b>		Zip Code		M <b>0</b> D <b>3</b> Y <b>0</b>		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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$600.00**