31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

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| Page | _ | | |
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Prescribed by Secretary of State 03/05

| Committee for Chris Brown for Judg | je | - | <u>``</u> | |
|--|---------------|-----------------------------|--|-----------------------------------|
| Full Name of Committee or Lindsay Broderick | | <u> </u> | Registration Number, if I | PAC |
| Street Address 3131 Warsham Rd. | Employer/Occu | upation/Labor Organization | | Form (Cash, Check, etc.) Check |
| ^{Cir} Columbus | State OH | ^z 43221 | 1 MO 1 5 1 4 | 200 |
| Full Name of Contributor Calvin Thomas | 1 : | | Registration Number, if I | AC " |
| Street Address 3476 Penfield Rd. | Employer/Occu | upation/Labor Organization | <u></u> | Form (Cash, Check, etc.) |
| Columbus | State OH | ^{zi, C} 219 | 0 ^M 7 0 ^D 1 1 ^Y 4 | Amount 100 |
| Full Name of Contributor J. Scott Weisman | | Registration Number, if PAC | | |
| Street Address 4019 E. Clarendon | Employer/Occu | upation/Labor Organization* | | Form (Cash, Check, etc.) |
| ^{Ci} Phoneix | AZ State | ⁷ 85018 | 0 ^M 8 0 4 1 4 | 125 |
| Full Name of Contributor Nancy Zajano | | | Registration Number, if F | AC |
| Street Address 6696 Markwood St. | Employer/Occu | upation/Labor Organization | | Form (Cash, Check, etc.) Paypal |
| City Worthington | State OH | Zip Code 43085 | 1 MO 1 3 1 4 | Amount 50 |
| Full Name of Contributor | · · · · · · | | Registration Number, if P | AC |
| Street Address | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) |
| City | OH. | Zip Code | M D Y | Amount |
| full Name of Contributor | | Registration Number, if PAC | | |
| Street Address | Employer/Occu | pation/Labor Organization* | <u> </u> | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | Registration Number, if P | AC |
| Street Address | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |
| Full Name of Contributor | • | - <u>-</u> | Registration Number, if P. | AC |
| Street Address | Employer/Occu | ipation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | M D Y | Amount |

Page Total 2

^{*} 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)]