

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Jeffrey M. Brown for Judge							
Full Name of Contributor Steven Davis						Registration Number, if PAC	
Street Address 1669 Parkland Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lancaster	State OH	Zip Code 43130	M 02	D 08	Y 16	Amount 600.00	
Full Name of Contributor Michael Wolcott						Registration Number, if PAC	
Street Address 7670 McKnight Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pittsburgh	State PA	Zip Code 15237	M 02	D 08	Y 16	Amount 600.00	
Full Name of Contributor Rhett Ricart						Registration Number, if PAC	
Street Address 34 W. Poplar Ave., Apt. 502			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 02	D 12	Y 16	Amount 600.00	
Full Name of Contributor John Ohsner						Registration Number, if PAC	
Street Address 2752 Woodstock Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 02	D 18	Y 16	Amount 600.00	
Full Name of Contributor Jessica Ohsner						Registration Number, if PAC	
Street Address 2752 Woodstock Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 02	D 19	Y 16	Amount 600.00	
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