

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                   |                       |                                         |                   |                   |                                                 |                         |  |
|-------------------------------------------------------------------|-----------------------|-----------------------------------------|-------------------|-------------------|-------------------------------------------------|-------------------------|--|
| Name of Committee in Full<br><b>Jeffrey M. Brown for Judge</b>    |                       |                                         |                   |                   |                                                 |                         |  |
| Full Name of Contributor<br><b>Daniel Sutphen</b>                 |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>5832 Leven Links Ct.</b>                     |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>        |                         |  |
| City<br><b>Dublin</b>                                             | State<br><b>O   H</b> | Zip Code<br><b>43017</b>                | M<br><b>0   6</b> | D<br><b>0   2</b> | Y<br><b>1   6</b>                               | Amount<br><b>500.00</b> |  |
| Full Name of Contributor<br><b>Brian Brown</b>                    |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>310 Richards Rd.</b>                         |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Online</b>       |                         |  |
| City<br><b>Columbus</b>                                           | State<br><b>O   H</b> | Zip Code<br><b>43214</b>                | M<br><b>0   6</b> | D<br><b>1   0</b> | Y<br><b>1   6</b>                               | Amount<br><b>500.00</b> |  |
| Full Name of Contributor<br><b>James Zoia</b>                     |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>433 First St. S.E.</b>                       |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>        |                         |  |
| City<br><b>Washington</b>                                         | State<br><b>D   C</b> | Zip Code<br><b>20003</b>                | M<br><b>0   6</b> | D<br><b>1   5</b> | Y<br><b>1   6</b>                               | Amount<br><b>600.00</b> |  |
| Full Name of Contributor<br><b>LeeAnn Corl</b>                    |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>485 Morse Rd.</b>                            |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>        |                         |  |
| City<br><b>Columbus</b>                                           | State<br><b>O   H</b> | Zip Code<br><b>43214</b>                | M<br><b>0   6</b> | D<br><b>1   5</b> | Y<br><b>1   6</b>                               | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Francine DiDonato</b>              |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>5874 Chedworth Park</b>                      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>        |                         |  |
| City<br><b>Dublin</b>                                             | State<br><b>O   H</b> | Zip Code<br><b>43014</b>                | M<br><b>0   6</b> | D<br><b>1   6</b> | Y<br><b>1   6</b>                               | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Grange Mutual Casualty Co. PAC</b> |                       |                                         |                   |                   | Registration Number, if PAC<br><b>C00302695</b> |                         |  |
| Street Address<br><b>671 S. High St.</b>                          |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Check</b>        |                         |  |
| City<br><b>Columbus</b>                                           | State<br><b>O   H</b> | Zip Code<br><b>43206</b>                | M<br><b>0   6</b> | D<br><b>2   4</b> | Y<br><b>1   6</b>                               | Amount<br><b>250.00</b> |  |
| Full Name of Contributor<br><b>Brian Quelette</b>                 |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>278 Meadow View Dr.</b>                      |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Online</b>       |                         |  |
| City<br><b>Powell</b>                                             | State<br><b>O   H</b> | Zip Code<br><b>43065</b>                | M<br><b>0   6</b> | D<br><b>2   7</b> | Y<br><b>1   6</b>                               | Amount<br><b>50.00</b>  |  |
| Full Name of Contributor<br><b>Doreen Mazzanti</b>                |                       |                                         |                   |                   | Registration Number, if PAC                     |                         |  |
| Street Address<br><b>135 Webster Park Ave.</b>                    |                       | Employer/Occupation/Labor Organization* |                   |                   | Form (Cash, Check, etc.)<br><b>Online</b>       |                         |  |
| City<br><b>Columbus</b>                                           | State<br><b>O   H</b> | Zip Code<br><b>43214</b>                | M<br><b>0   7</b> | D<br><b>0   6</b> | Y<br><b>1   6</b>                               | Amount<br><b>250.00</b> |  |

\* 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 \$ 2,250.00