Statement of Contributions Received

Prescribed by Secretary of State 3/05

			NAME OF THE OWNER, AND POST OF	MARKA PARAMETERS AND ADDRESS OF THE	kanna maka sa da a da a da a da a da a da a da			
Name of Committee in Full								
Dingus for Judge				Registration Number, if PAC				
Full Name of Contributor				Registration Number, if 1700				
Heather Brown	Is a form	C. A. b. Ommination*	_L	***************************************	tan branconsonia	Form (Cash, C	Theck etc.)	
Street Address	Employer/Occupation/Labor Organization*					1 ' ' 1		
2330 Myrtle Valley Drive				T -5	1 37	On-Lii	ne	
City	State	Zip Code	M	D	Y	Amount	10.00	
Columbus	0 H	43228	THE RESERVE OF THE PARTY OF THE	1 3	CANADA CONTRACTOR OF THE PARTY	<u> </u>	10.00	
Full Name of Contributor	~ **		Registra	tion Num	ber, if PA	ı.C		
Proceeds from Fundraiser - Camelot (·					
Street Address	Employer/Occu				Form (Cash, (Check, etc.)		
				·				
City	State	Zip Code	M	D	Y	Amount		
			0 4	1 1	0 8		925.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	NC		
Proceeds from Fundraiser - Wayne H	enry							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
			0 9	2 6	0 8		575.00	
Full Name of Contributor			Registra	tion Nun	ber, if PA	VC.		
Proceeds from Fundraiser - Trial Law	yers							
Street Address Employer/Occupation/Labor Organization*						Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
			0 5	2 2	0 8		1,020.00	
Full Name of Contributor					ber, if PA	\C		
Proceeds from Fundraiser - Stonewal	I Democrat	s	Paramata de la companya de la compan					
Street Address	Employer/Occu				Form (Cash,	Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
		•	0 8	1 4	0 8		2,240.00	
Full Name of Contributor					ber, if P	AC		
Proceeds from Fundraisers - McFadd	ens							
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
Succe Address	2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				``	•	
City	State	Zip Code	М	D	ΙΥ	Amount		
City			1110	1110	0 8		110.00	
Full Name of Contributor					ber, if P		110.00	
Proceeds from Fundraiser - Gary Bak	or		1.05.0		,			
		mation/Labor Organization*	L	***************************************	OR COMPANY OF THE PARKET.	Form (Cash,	Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						Citoti, Cici,	
	State	Zip Code	М	T D	ΤΥ	Amount		
City	State	Zip Code	l l	1	0 8	1	1,019.00	
				3 1	Der, if P	and the same of th	1,017.00	
Full Name of Contributor			Registia	mon run	1001, 11 1 7	10		
Proceeds from Fundraiser - Club 185	Employer/Occupation/Labor Organization*				***************************************	Form (Cash,	Chack ato	
Street Address	Employer/Occi				rom (Cash,	CHECK, CIC.J		
		Te: 0 1	1	T rs	1 37			
City	State	Zip Code	M	D	Y	Amount	1 500 00	
			1 0	0 9	0 8	1	1,530.00	

Page Total \$ 7,429.00

^{*} 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)]