

Statement of Contributions Received

Prescribed by Secretary of State M/6

Name of Committee in Full Committee to Elect James W Brown							
Full Name of Contributor William Geary					Registration Number, if PAC		
Street Address 185 W. Main St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 10	D 21	Y 14	Amount 100.00	
Full Name of Contributor David Kriska					Registration Number, if PAC		
Street Address 3758 Surrev Hill Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 10	D 20	Y 14	Amount 50.00	
Full Name of Contributor Gregg Lewis					Registration Number, if PAC		
Street Address 625 City Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 10	D 21	Y 14	Amount 250.00	
Full Name of Contributor P. Patel					Registration Number, if PAC		
Street Address PO Box 6498		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 11	D 03	Y 14	Amount 50.00	
Full Name of Contributor Price Law Firm					Registration Number, if PAC		
Street Address 555 City Park Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 10	D 21	Y 14	Amount 250.00	
Full Name of Contributor Terry Sherman					Registration Number, if PAC		
Street Address 176 S. Merkle Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 10	D 20	Y 14	Amount 150.00	
Full Name of Contributor Geoffrey Rand Smith					Registration Number, if PAC		
Street Address 2740 Cravton Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43221	M 10	D 21	Y 14	Amount 100.00	
Full Name of Contributor Barry Wilford					Registration Number, if PAC		
Street Address 481 E. Sycamore St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 10	D 29	Y 14	Amount 100.00	

* 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 employers 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 \$ 1,050.00