Statement of Contributions Received

Prescribed by Secretary of State 3/09

Name of Committee in Full						
Committee to Elect James W Brown						
Full Name of Contributor: Lynn Greer						Registration Number, if PAC:
Street Address: 1014 Saturn Ave	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.): credit card
City: Incline Village	State: NV	Zip Code: 89451	M: 10	D: 15	Y: 14	Amount: 100.00
Full Name of Contributor: K. Sue Foley						Registration Number, if PAC:
Street Address: 4898 Sharon Ave.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.): credit card
City: Columbus	State: OH	Zip Code: 43214	M: 10	D: 15	Y: 14	Amount: 125.00
Full Name of Contributor: Lauren Flynn						Registration Number, if PAC:
Street Address: 1319 Island Bay	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.): credit card
City: Columbus	State: OH	Zip Code: 43235	M: 10	D: 15	Y: 14	Amount: 100.00
Full Name of Contributor: Michael Bowers						Registration Number, if PAC:
Street Address: 2752 Coventry Rd.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.): credit card
City: Columbus	State: OH	Zip Code: 43221	M: 10	D: 15	Y: 14	Amount: 500.00
Full Name of Contributor: Lynn Greer						Registration Number, if PAC:
Street Address: 1014 Saturn Ave	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.): credit card
City: Incline Village	State: NV	Zip Code: 89451	M: 10	D: 15	Y: 14	Amount: 250.00
Full Name of Contributor: Contributions from Form No.31 E						Registration Number, if PAC:
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M: 07	D: 02	Y: 14	Amount: 10,850.00
Full Name of Contributor: Contributions from Form No.31 E						Registration Number, if PAC:
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M: 07	D: 29	Y: 14	Amount: 3,050.00
Full Name of Contributor: Contributions from Form No.31 E						Registration Number, if PAC:
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
City	State	Zip Code	M: 08	D: 18	Y: 14	Amount: 850.00

* 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)]

Page Total $ 15,825.00