

Statement of Contributions Received

Prescribed by Secretary of State 3/09

Name of Committee or Ballot Issue 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						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 \$ 1,075.00