Page	2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				***************************************			
Barrows for Judge Full Name of Contributor				Registration Number, if PAC			
See Attatched Spreadsheet					,		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount 850.00	
Full Name of Contributor	.C						
Contributions from form 31-e							
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount 3,745.00	
Full Name of Contributor		Registration Number, if Pa					
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor	Registration Number, if PA						
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount .	
Full Name of Contributor	AC						
Street Address	Employer/Occi	npation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	AC						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor		ÅC .					
Street Address	Employer/Occi	ipation/Labor Organization*	Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	VC						
Street Address	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D	Y	Amount	

Page Total \$ 4,595.00

^{*} 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)]