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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	-										
Ieffrev M. Brown for Judge											
Full Name of Contributor	ull Name of Contributor					Registration Number, if PAC					
Duane Casares			•								
Street Address	Employer/Occupation/Labor Organization*							Form (	Form (Cash, Check, etc.)		
112 Aldrich Rd.								W	Web Contrib.		
City	State		Zip Code	М	T	D	Y	Amoun			
Columbus	101	H	43214	01	3	015	110	5	250.00		
Full Name of Contributor	•						ber, if	_			
Behal Law Group											
Street Address	Employer/Occupation/Labor Organization*							Form (	Form (Cash, Check, etc.)		
501 S. High St.								Ch	Check		
City	State		Zip Code	М		D	Y	Amoun	t		
Columbus	01	H	43214	01:	3	015	1	5	1,000.00		
Full Name of Contributor				Regis	trati	on Num	ber, if I	PAC			
Contributions from Form 31-E											
Street Address	Employer/O	ссира	tion/Labor Organization*					Form (	Cash, Check, etc.)		
City	State		Zip Code	М		D	Y	Amoun	ıt		
				0	3	<u> 3 1</u>	1	5	10,400.00		
Full Name of Contributor				Regis	tratio	on Num	ber, if I	PAC			
Duane Casares											
Street Address	Employer/Occupation/Labor Organization*								Cash, Check, etc.)		
112 Aldrich Rd.	ļ		-···					We	eb Contrib.		
City	State		Zip Code	M <sub>.</sub>	1	D	Y	Amoun			
Columbus	01	H	43214	01	_	<u>0 5</u>			250.00		
Full Name of Contributor				Regis	tratio	on Num	ber, if I	PAC			
Street Address	Employer/Occupation/Labor Organization*							Form (	Cash, Check, etc.)		
0:	<u> </u>			1	_			4.			
City	State		Zip Code	M <sub>1</sub>		D I	Y	Amoun	t		
E II Norman of Constitution				10		<u> </u>	l I				
Full Name of Contributor					Registration Number, if PAC						
Street Address	EmployeriO	le cuma	tion/Labor Organization*					Form (	Cash, Check, etc.)		
Siret Address	Limpioyeno	ссира	non-Labor Organization					roin (	Casil Cireck, e(c.)		
City	State		Zip Code	М	Т	D	Y	Amoun	t		
City	1		Zap code	1 1		1		Allou	ı		
Full Name of Contributor	1			Regist	tratio	nn Num	ber, if I	PAC			
The France of Contributor				Regio			021.11.	710			
Street Address	Employer/O	ecupa	tion/Labor Organization*					Form (	Cash, Check, etc.)		
• • • • • • • • • • • • • • • • • • •	Employer Occupanois Easter Organization								,		
City	State		Zip Code	М	Т	D	Y	Amoun	t		
•			•	11		l	1				
Full Name of Contributor	<u> </u>			Regist	tratio	on Num	ber, if F	AC.			
Full Name of Contributor Registration Number, if PAC											
Street Address	Employer/Occupation/Labor Organization*							Form (6	Cash, Check, etc.)		
City:	State		Zip Code	М	Ī	D	Y	Amoun	1		
				+							

\* 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 \$ 11,900.00