

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Chris Brown for Judge							
Full Name of Contributor Transferred from Form 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1	D 0	Y 1	Amount \$1,515.00	
Full Name of Contributor Julia Bergman						Registration Number, if PAC	
Street Address 1233 Churchbell Way		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1	Amount \$50.00	
Full Name of Contributor K. Sue Foley						Registration Number, if PAC	
Street Address 4898 Sharon Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Califf Bonding LLC						Registration Number, if PAC	
Street Address 350 S. High St.		Employer/Occupation/Labor Organization* Bonding Company				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	Amount \$400.00	
Full Name of Contributor Transferred from Form 31E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1	D 0	Y 2	Amount \$855.00	
Full Name of Contributor Columbus Firefighters Union						Registration Number, if PAC PAC Fund No. LA 839	
Street Address 379 W. Broad St.		Employer/Occupation/Labor Organization* PAC				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 3	Amount \$500.00	
Full Name of Contributor David Goldstein						Registration Number, if PAC	
Street Address 150 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 3	Amount \$250.00	
Full Name of Contributor Robert Burman						Registration Number, if PAC	
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$400.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$4,020.00**