

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect James W Brown									
Full Name of Contributor Greg Lewis						Registration Number, if PAC			
Street Address 625 Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 06	D 27	Y 14	Amount 250.00			
Full Name of Contributor Julia Leveridge						Registration Number, if PAC			
Street Address 333 E. Sycamore St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 06	D 30	Y 14	Amount 150.00			
Full Name of Contributor Amy McKinley						Registration Number, if PAC			
Street Address 6579 Clay Ct. E			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Canal Winchester	State OH	Zip Code 43110	M 06	D 30	Y 14	Amount 150.00			
Full Name of Contributor Steven Walker						Registration Number, if PAC			
Street Address 1926 Collinswood Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43221	M 06	D 30	Y 14	Amount 600.00			
Full Name of Contributor Robert Koblentz						Registration Number, if PAC			
Street Address 35 E. Livingston Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 06	D 30	Y 14	Amount 250.00			
Full Name of Contributor Solove and Cormick						Registration Number, if PAC			
Street Address 79 Thurman Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 07	D 01	Y 14	Amount 3,600.00			
Full Name of Contributor Dana Lavelle						Registration Number, if PAC			
Street Address 12190 Taylor Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Plain City	State OH	Zip Code 43064	M 07	D 07	Y 14	Amount 250.00			
Full Name of Contributor Harold & Joan Howison						Registration Number, if PAC			
Street Address 2715 RiverPark			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 07	D 10	Y 14	Amount 25.00			

* 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 employers contribute via payroll deduction and exceed the aggregate of \$100, the last organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 5,275.00