

Statement of Contributions Received

Prescribed by Secretary of State 3/08

Name of Committee in Full Committee to Elect James W Brown									
Full Name of Contributor Michael Caligiuri						Registration Number, if PAC			
Street Address 4550 Coach Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 10	D 08	Y 14	Amount 50.00			
Full Name of Contributor Kay Bradford						Registration Number, if PAC			
Street Address 2022 Arlington Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43221	M 07	D 24	Y 14	Amount 100.00			
Full Name of Contributor Vicky Murphy						Registration Number, if PAC			
Street Address 1536 Bendelow			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43228	M 07	D 10	Y 14	Amount 100.00			
Full Name of Contributor Marcia Goldberg						Registration Number, if PAC			
Street Address 1620 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus	State OH	Zip Code 43203	M 10	D 15	Y 14	Amount 75.00			
Full Name of Contributor Colleen Briscoe						Registration Number, if PAC			
Street Address 400 South Fifth St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus	State OH	Zip Code 43215	M 10	D 15	Y 14	Amount 250.00			
Full Name of Contributor Meredith Snyder						Registration Number, if PAC			
Street Address 588 Ozem Gardner			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Westerville	State OH	Zip Code 43081	M 10	D 15	Y 14	Amount 50.00			
Full Name of Contributor Kim Toothman						Registration Number, if PAC			
Street Address 2100 Pinebrook Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus	State OH	Zip Code 43220	M 10	D 15	Y 14	Amount 500.00			
Full Name of Contributor Dale Smith						Registration Number, if PAC			
Street Address 4190 Kendale Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) credit card		
City Columbus	State OH	Zip Code 43220	M 10	D 15	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 labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,150.00