31-A
R.C. 3517.12

Statement of Contributions Received

Prescribed by Secretary of State 3/07

Name of Committee in Full							
Committee to Elect James W Brown							
Full Name of Contributor Charles Postlewaite						Registration Number, if PAC	
Street Address 3040 Riverside Dr.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	M 09	D 12	Y 14	Amount	500.00
Full Name of Contributor Elaine Buck						Registration Number, if PAC	
Street Address 1570 Fishinger Rd.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	M 09	D 12	Y 14	Amount	125.00
Full Name of Contributor Heather Sowald						Registration Number, if PAC	
Street Address 210 Academy Court	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Gahanna	State OH	Zip Code 43230	M 09	D 12	Y 14	Amount	125.00
Full Name of Contributor Tyack, Blackmore, Liston & Nigh						Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	M 09	D 12	Y 14	Amount	210.00
Full Name of Contributor Julia Leveridge						Registration Number, if PAC	
Street Address 333 Sycamore St.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43206	M 09	D 12	Y 14	Amount	125.00
Full Name of Contributor Stonewall Democrats						Registration Number, if PAC	
Street Address 545 E Town St.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	M 09	D 12	Y 14	Amount	200.00
Full Name of Contributor Don Leach						Registration Number, if PAC	
Street Address 1236 Kenbrook Hills Dr.	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	M 09	D 12	Y 14	Amount	500.00
Full Name of Contributor Charles Blum						Registration Number, if PAC	
Street Address 7235 River Knolls Pl	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43016	M 09	D 19	Y 14	Amount	100.00

* 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 $ 1,885.00