

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 Ralph Berger | | | | | | Registration Number, if PAC | | | |
| Street Address 7131 Ashville Park Dr. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) credit card | | |
| City Columbus | | State OH | Zip Code 43235 | | M 11 | D 04 | Y 14 | Amount 250.00 | |
| Full Name of Contributor Russ Abrams | | | | | | Registration Number, if PAC | | | |
| Street Address 929 Vernon Rd. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) credit card | | |
| City Columbus | | State OH | Zip Code 43235 | | M 11 | D 5 | Y 14 | Amount 500.00 | |
| Full Name of Contributor John Ezzo | | | | | | Registration Number, if PAC | | | |
| Street Address 5536 Little Falls | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) credit card | | |
| City Dublin | | State OH | Zip Code 43016 | | M 10 | D 20 | Y 14 | Amount 20.00 | |
| Full Name of Contributor Contributions from form 31-E | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M 10 | D 17 | Y 14 | Amount 2,105.00 | |
| Full Name of Contributor Contributions from form 31-E | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M 10 | D 23 | Y 14 | Amount 3,500.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |

* 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 \$ 6,375.00