

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Chris Brown for Judge									
Full Name of Contributor Mary Lockwood							Registration Number, if PAC		
Street Address 2564 Swan Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount 25	
Full Name of Contributor Patricia Walters							Registration Number, if PAC		
Street Address 2564 Swan Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 9	
						Y 2		Amount 25	
Full Name of Contributor Amy Flowers							Registration Number, if PAC		
Street Address 825 N. 4th St., Unit 218				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 2		Amount 176	
Full Name of Contributor David Bressman							Registration Number, if PAC		
Street Address 4230 Tuller Rd., Suite 101				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 1		D 0	
						Y 0		Amount 100	
Full Name of Contributor Jeffrey Blosser							Registration Number, if PAC		
Street Address 497 E. Beck St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43206		M 0		D 9	
						Y 2		Amount 100	
Full Name of Contributor Ross & Midian LLC							Registration Number, if PAC		
Street Address 309 S. Fourth St., Suite 100				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 1		Amount 500	
Full Name of Contributor Neman Law Office LLC							Registration Number, if PAC		
Street Address 1243 S. High St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43206		M 1		D 0	
						Y 1		Amount 500	
Full Name of Contributor SMDHLS Bonding							Registration Number, if PAC		
Street Address 571 S. High St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43216		M 1		D 0	
						Y 1		Amount 300	

* 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)]

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