

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Jeffrev M. Brown for Judge								
Name of Contributor			Registration Number, if PAC					
Contributions Received listed on						a		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash,	Check. etc.)	
City	State	Zip Code	М	D	Y	Amount		
			016	213	1 6		2,250.00	
Fuli Name of Contributor	•				her, if PA			
Contributions Received listed on	Form 31E		- 1					
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash.	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
	1	G.p. St.u.		1	1 6	ľ	2,250.00	
Full Name of Contributor			_		ber, if PA		2,230.00	
Contributions Received listed on	Form 31F							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
							,	
City	State	Zip Code	М	D	Y	Amount		
	1 1		018	1 0	1 6		900.00	
					ber, if PA			
Contributions Received listed on	Form 31E							
Street Address		Employer/Occupation/Labor Organization*				Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		
			0 9	217	1 6		2,900.00	
Full Name of Contributor	•				ber, if PA		·	
Contributions Received listed on	Form 31E							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash.	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	·	
			016	0 9	1 6		8,300.00	
Full Name of Contributor			_		ber, if PA			
Liz Mote								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Fo			
195 E. Sycamore St.		1					Online	
City	State	Zip Code	М	D	Y	Amount		
Columbus	O H	43206	1 0	015	1 6		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Street Address				Form (Cash	Check, etc.)			
	Zimpioyeiroeo	Employer/Occupation/Labor Organization*				on (Cash,	CHEEK, CIC.)	
City	State	Zip Code	М	D	Y	Amount	 	
				l 1				
Full Name of Contributor	,		Registrat	tion Num	ber, if PA	.c		
		·	t					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
City	State	Zip Code	М	D	Y	Amount		

Page Total \$ 16,650.00

^{*} 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 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)]