

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 United Steel Workers				Registration Number, if PAC			
Street Address 777 Dearborn Park Ln, Suite J		Employer/Occupation/Labor Organization* Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43085	M 0	D 6	Y 11	Amount 500	
Full Name of Contributor Richard Turmuhlen				Registration Number, if PAC			
Street Address 2993 East First St.		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) check		
City Long Beach	State CA	Zip Code 90803	M 0	D 6	Y 11	Amount 35	
Full Name of Contributor Jeffrey Berndt				Registration Number, if PAC			
Street Address 575 S. High St.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 11	Amount 100	
Full Name of Contributor Willie Thomas				Registration Number, if PAC			
Street Address 1000 E. Bryden Rd.		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43203	M 0	D 7	Y 11	Amount 100	
Full Name of Contributor IBEW PAC Voluntary Fund				Registration Number, if PAC			
Street Address 900 Seventh St., W		Employer/Occupation/Labor Organization* Labor Org			Form (Cash, Check, etc.) Check		
City Washington	State DC	Zip Code 	M 0	D 6	Y 11	Amount 500	
Full Name of Contributor Diane Menashe				Registration Number, if PAC			
Street Address 536 Wall St. Suite 300		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 11	Amount 150	
Full Name of Contributor Richanne Zymkoski				Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43207	M 0	D 7	Y 11	Amount 100	
Full Name of Contributor Sarah Schregardus				Registration Number, if PAC			
Street Address 208 Leland Ave.		Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 7	Y 11	Amount 50	

* 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)]