

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Jeffrey M. Brown for Judge						
Full Name of Contributor Jobs America PAC				Registration Number, if PAC C00554055		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2 3 1 7	Amount 250.00
Full Name of Contributor Ranjan Manoranjan				Registration Number, if PAC		
Street Address 344 Cramer Creek Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0	D 2	Y 2 3 1 7	Amount 250.00
Full Name of Contributor Siewert & Gjostein Co., LPA				Registration Number, if PAC		
Street Address 307 E. Livingston Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2 3 1 7	Amount 350.00
Full Name of Contributor Rhett Ricart				Registration Number, if PAC		
Street Address 34 W. Poplar Ave., Apt. 502		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online	
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 0 3 1 7	Amount 600.00
Full Name of Contributor Contribution Received on Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			1	2	1 4 1 6	1,750.00
Full Name of Contributor Contribution Received on Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	2	0 2 1 7	950.00
Full Name of Contributor Contribution Received on Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	2	0 2 1 7	8,500.00
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

* 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)]