

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 Columbus Franklin County, ALI-CIO						Registration Number, if PAC	
Street Address 1545 Alum Creek Dr.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43209	M 0	D 9	Y 1 9 1 4	Amount 200
Full Name of Contributor Ann Bergman						Registration Number, if PAC	
Street Address 107 E. Second St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Minster		State OH	Zip Code 45865	M 0	D 9	Y 2 2 1 4	Amount 40
Full Name of Contributor Loure McCord						Registration Number, if PAC	
Street Address 844 S. Front St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 0	D 9	Y 0 1 1 4	Amount 100
Full Name of Contributor Transferred from Form 31E						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State OH	Zip Code	M 0	D 9	Y 2 4 1 4	Amount 510
Full Name of Contributor Lew Dye						Registration Number, if PAC	
Street Address 555 S. 3rd St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 2 5 1 4	Amount 200
Full Name of Contributor Beatty for Judge						Registration Number, if PAC	
Street Address 545 E. Town St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 2 3 1 4	Amount 150
Full Name of Contributor Joseph Landusky						Registration Number, if PAC	
Street Address 901 S. High St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206	M 0	D 9	Y 2 3 1 4	Amount 300
Full Name of Contributor Omitted Intentionally						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City		State OH	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 also appear. [R.C. 3517.10(B)(4)]