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 Neil Rosenberg			Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 301	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH	Zip Code 43215	0 3 0 2 1 5	Amount \$200.00
Full Name of Contributor			Registration Number, if	PAC
Joseph Murray			108132200117-00110011,111	
Street Address 1750 Upper Chelsea Blvd.	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Upper Arlington	State OH	Zip Code 43212	0 3 0 4 1 5	Amount \$500.00
Full Name of Contributor Michael Rourke	· ·		Registration Number, if PAC	
Street Address 495 S. High St., Suite 450	Employer/Occu	pation/Labor Organization	-	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 2 2 5 1 5	Amount \$500.00
Full Name of Contributor Stephen Moyer			Registration Number, if	PAC
Street Address 6750 Sunbury Rd.	Employer/Occu	spation/Labor Organization*	·	Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43082	M D Y 0 2 6 1 5	Amount \$200.00
Full Name of Contributor William Lamkin	-	· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC
Street Address	Employer/Occu	rpation/Labor Organization*		Form (Cash, Check, etc.)
500 S. Front St., Suite 200	State			Check
City Colubus	OH.	Zip Code 43215	0 2 2 4 1 5	Amount \$200.00
Full Name of Contributor Karen Phipps			Registration Number, if PAC	
Street Address 4333 Reed Rd.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	M D Y 0 2 1 5 1 5	Amount \$200.00
Full Name of Contributor Megan Grant			Registration Number, if	PAC
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M 0 Y 0 3 0 2 1 5	Amount \$100.00
Full Name of Contributor Rourke & Blumenthal			Registration Number, if	PAC
Street Address 495 S. High St., Suite 450	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M D Y 0 2 2 5 1 5	Amount \$500.00

Page Total \$2,400.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]