

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Chris Brown for Judge					
Full Name of Contributor Robert Letson				Registration Number, if PAC	
Street Address 5513 Marks Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 14
			Amount 50		
Full Name of Contributor Tony Montjoy				Registration Number, if PAC	
Street Address 2531 Brookpark Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 14
			Amount 50		
Full Name of Contributor Crysa Pennington				Registration Number, if PAC	
Street Address 5515 Wolf Run Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Columbus	State OH	Zip Code 43230	M 0	D 7	Y 14
			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 7	Y 14
			Amount 950		
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 7	Y 14
			Amount 2350		
Full Name of Contributor Michael Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Ln. Apt D		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 7	Y 14
			Amount 50		
Full Name of Contributor Jean Williams				Registration Number, if PAC	
Street Address 6367 Portsmouth Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43086	M 0	D 7	Y 14
			Amount 25		
Full Name of Contributor Committee to Elect Tim Horton				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 7	Y 14
			Amount 100		

\* 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)]