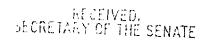
## 0010110 Ċ4

## FEC FORM 2 STATEMENT OF CANDIDACY .



FEC FORM 2 (REV. 02/2003)

| OTATEMENT OF CAN   | DIDAGI   |   |  |          | ŊQ                | LL:          | )   7            | Bks [1.     | . <u> </u>                            |
|--|--|---|--|----------|-------------------|--------------|------------------|-------------|---------------------------------------|
| 1. (a) Name of Candidate (in full)   |  |   |  |          | - + -             |              | · ' : -          |             | <del></del>                           |
| Jennifer L. Br   |  |   |  |          |                   |              |                  |             |                                       |
| (b) Address (number and street) 545 East Town  | □ Check if add                                 | dress changed   |  |          | Identifica        | tion Nu      | ımber            |             |                                       |
| (c) City, State, and ZIP Code Columbus Ohio  | 43215  |   |  | 3.       | ls This<br>Statem | ent <u>u</u> | New<br>XXX       | OR          | Amended<br>(A)                        |
| 4. Party Affiliation Democrat  | 5. Office Sought<br>Senate                     |   | 6. State & Dis<br>Ohio                                       |          |                   |              |                  |             |                                       |
|  | DESIGNATION OF P                               | RINCIPAL  | CAMPAIG  | N C      | ОММІ              | IJĘĘ         |                  |             | •                                     |
| 7. I hereby designate the following  | named political committee as                   | s my Principal (  | Campaign Com   | mitte    | e for the         |              | 0<br>of election | _ election  | (s).                                  |
| NOTE: This designation should be   | e filed with the appropriate of                | office listed in th   | ne instructions.   |          |                   |              | -                |             |                                       |
| (a) Name of Committee (in full)  |  |   |  |          |                   |              |                  |             |                                       |
| Jennifer Brun  | iner Committe                                  | е   |  |          |                   |              |                  |             |                                       |
| (b) Address (number and street)  |  |   |  |          |                   |              |                  |             |                                       |
| 545 East Towr  | Street   |   |  |          |                   |              |                  |             |                                       |
| (c) City, State, and ZIP Code  |  |   |  |          |                   |              |                  |             |                                       |
| Columbus Ohio  | 43215  |   |  |          |                   |              |                  |             |                                       |
|  | DESIGNATION OF C                               | THER AU   | THORIZED   | CO       | MMIT              | TEES         |                  |             |                                       |
|  | (Including J                                   | Joint Fundraisin  | g Representati   | ves)     |                   |              |                  |             |                                       |
| <ol><li>I hereby authorize the following r<br/>candidacy.</li></ol>  | named committee, which is N                    | NOT my principa   | al campaign co   | mmitt    | ee, to red        | ceive a      | nd exper         | d funds o   | n behalf of my                        |
| NOTE: This designation should t  | be filed with the principal can                | npaign committe   | 9 <b>e</b> .   |          |                   |              |                  |             |                                       |
| (a) Name of Committee (in full)  | · · · · · · · · · · · · · · · · · · ·          |   |  |          |                   |              |                  | <del></del> | <del></del>                           |
| (-,,   |  |   |  |          |                   |              |                  |             |                                       |
| (b) Address (number and street)  |  |   |  |          |                   |              |                  |             |                                       |
| (b) Fida das (Hamber dila silati)  |  |   |  |          |                   |              |                  |             |                                       |
| (c) City, State, and ZIP Code  |  | ·   |  |          |                   |              |                  |             |                                       |
| (c) City, State, and ZIP Code  |  |   |  |          |                   |              |                  |             |                                       |
|  |  |   |  |          |                   |              |                  |             |                                       |
|  | OF INTENT TO EXI                               |   |  |          | S (Ho             | use c        | r Sen            | ate Onl     | ly)                                   |
| <ol><li>I intend to expend personal fund</li></ol>   | s exceeding the threshold ar                   |   |  | <i>†</i> |                   |              |                  |             |                                       |
|  | 9A   |   | The American   | fe       | or the prin       | mary el      | ection, a        | nd          |                                       |
|  | داره در در محود میاهد.<br>ماری در در محود معدد | च्योकलको क्रांटिंग के<br>- रास्त्रा <del>म्यस्य</del> क्रांस्ट् | o sa <del>na na sa sa</del> |          |                   |              |                  |             |                                       |
|  | 9B \   |   |  | : fo     | or the ger        | neral el     | ection.          |             |                                       |
| If you do not intend to expend pe  |  |   | •  | ection   | , you mu:         | st entei     | r "0.00" fo      | or each.    |                                       |
| I certify that I have  | examined this Statement and                    | d to the best of  | my knowledge   | and b    | elief it is       | true, co     | orrect an        | d complet   | e.                                    |
| Signature of Candidate   |  |   |  | Da       | ite               | •            |                  |             | , , , , , , , , , , , , , , , , , , , |
| Jux 1. Br  |  |   |  |          | Feli.             | 13,          | los q            |             |                                       |
| NOTE: Submission of false, erroned   | ous, or incomplete informatio                  | n may subject t   | he person sign   | ing th   | is Statem         | ent to       | penalties        | of 21184    | C 8437a                               |
| The state of the s |  | They subject to   |  |          | Cipion            |              |                  |             |                                       |
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