

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Committee for Kim Brown for Judge						
Full Name of Contributor					Registration Number, if PAC	
James F. Flynn						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
8365 Somerset Way		Attorney - Bricker & Eckler			check	
City	State	Zip Code	M	D	Y	Amount
Dublin	OH	43017	1	2	2	\$100.00
Full Name of Contributor					Registration Number, if PAC	
Laura G. Anthony						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6800 Alloway St. E		Attorney - Bricker & Eckler			check	
City	State	Zip Code	M	D	Y	Amount
Worthington	OH	43085	1	2	2	\$200.00
Full Name of Contributor					Registration Number, if PAC	
Dustin M. Blake						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
580 S. High Street, Suite 200		Attorney			check	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	0	1	1	\$575.00
Full Name of Contributor					Registration Number, if PAC	
Taft, Stettiniue & Hollister					OH1146	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
425 Walnut Street, Suite 1800		law firm			check	
City	State	Zip Code	M	D	Y	Amount
Cincinnati	OH	45202	0	1	1	\$300.00
Full Name of Contributor					Registration Number, if PAC	
Friends of Heard						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
87 S. Hampton Road					check	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43213	1	0	2	\$200.00
Full Name of Contributor					Registration Number, if PAC	
Elizabeth Walsh						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
110 N 3rd Street, Unit 302					check	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	1	0	1	\$75.00
Full Name of Contributor					Registration Number, if PAC	
John H. Bates						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
495 S. High Street, Suite 400		Attorney			check	
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	0	2	0	\$100.00
Full Name of Contributor					Registration Number, if PAC	
George Wampler						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
P.O. Box 331					PayPal	
City	State	Zip Code	M	D	Y	Amount
Lancaster	OH	43130	1	2	3	\$100.00

* 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)]