

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge							
Full Name of Contributor **Rebecca Gooch					Registration Number, if PAC		
Street Address 338 S. High Street		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 8	Y 1 8	Amount 250.00	
Full Name of Contributor Mark Kitrick					##		
Street Address 60 E. Spring Street, PH 601		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 5	Y 1 8	Amount 250.00	
Full Name of Contributor John Fitch					Registration Number, if PAC		
Street Address 2111 Brookhurst Avenue		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0 2	D 1 5	Y 1 8	Amount 250.00	
Full Name of Contributor **Steven Larson					Registration Number, if PAC		
Street Address 4967 Smoketalk Lane		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43081	M 0 3	D 1 4	Y 1 8	Amount 600.00	
Full Name of Contributor **John Bates					Registration Number, if PAC		
Street Address 495 S. High Street, Suite 400		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 1 0	Y 1 8	Amount 100.00	
Full Name of Contributor **Jeffrey A. Berndt					Registration Number, if PAC		
Street Address 575 S. High Street		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 3	D 0 9	Y 1 8	Amount 100.00	
Full Name of Contributor **Cecily Ferris					Registration Number, if PAC		
Street Address 580 S. High Street, Suite 250		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 1 5	Y 1 8	Amount 100.00	
Full Name of Contributor David Bressman					Registration Number, if PAC		
Street Address 5186 Blazer Parkway		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 3	D 0 9	Y 1 8	Amount 250.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 1,900.00

**On appointed counsel list.