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Event Date 2/15/2018	1 <u>Ψ</u>
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of Sta	ite 02/01				
Name of Committee in Full						
Committee for Kim Brown for Judg	e		Ta 11 11 11	1 (571.0		
			Registration Nu	mber, if PAC		
Sally Bloomfield			 	, 		
Street Address	Employer/Occupation/Labor	r Organization*	M D	1 1	ount	
3741 Romnay Road	Attorney		0 2 0 7		250	0,00
City	State Zip Code		Form(Cash,Che	ck,etc)		
Columbus	OH	43220	Chec	k		
Full Name of Contributor			Registration Nu	mber, if PAC		
Michael Carpenter						
Street Address	Employer/Occupation/Labor	r Organization*	M D	Y Am	ount	
280 North High Street, Suite 1300	Attorney		0201		500	<u> </u>
City	State Zip Code		Form(Cash,Che		- 500	0,00
		4001E	1			
Columbus	O H 4	43215	Chec			
Full Name of Contributor			Registration Nu	mber, if PAC		
**Mark Collins			<u> </u>			
Street Address	Employer/Occupation/Labor	r Organization*	M D		ount	
492 S. High Street, 3rd Floor	Attorney		0 2 1 5	1 8	250	0.00
City	State Zip Code		Form(Cash,Che			
Columbus	1 1 1	43215	Chec			
Full Name of Contributor		10210	Registration Nu			
1			I -	moer, it fac		
John Kulewicz			OH109	,, -		
Street Address	Employer/Occupation/Labor	r Organization*	M D		ount	
52 E. Gay Street	Attorney		0 1 2 4	1 8	3,800	0.00
City	State Zip Code		Form(Cash,Che	ck,etc)		
Columbus	OH	43215	Chec	k		
Full Name of Contributor	_ <u></u>		Registration Nu			
**Keith Edwards Attorney at Law,	II C			,		
Street Address	Employer/Occupation/Labor	Organization	M D	Y Am	ount	
		r Organization	1 - 1	1 1		^ ^^
283 South Third Street	Law Firm		0 2 1 5		250	0.00
City	State Zip Code		Form(Cash,Che			
Columbus	O H 4	43215	Chec			
Full Name of Contributor			Registration Nu	mber, if PAC		
Jennifer Flint			1			
Street Address	Employer/Occupation/Labor	r Organization*	M D	Y Am	ount	
6908 Perry Drive	Attorney		0 2 1 5	11/8	100	0.00
City	State Zip Code		Form(Cash,Che			
1 .	1 1 2	43085	Chec			
	10 111	43003	Registration Nu			
Worthington				moer ii PAC		
Full Name of Contributor			icgistiation ive	•		
Full Name of Contributor	Employer/Occupation/Labor	r Organization*	M D	Y Am	ount	
Full Name of Contributor Richard Frye Street Address		r Organization*		Y Am		0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road	Employer/Occupation/Labor Judge State Zip Code	r Organization*	M D	Y Am		0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road	Judge	r Organization*	M D 0 2 1 5	Y Am		0.0
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington	Judge State Zip Code O H	43212	M D 0 2 1 5	Y Am 1 8 ck,etc)	. 250	0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide	Judge State Zip Code O H	43212 tes. If contributor	M D D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc)	250 ner than employer	0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide should be listed. If two or more employees contribute via payroll de-	Judge State Zip Code O H	43212 tes. If contributor	M D D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc)	250 ner than employer	0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide	Judge State Zip Code O H	43212 tes. If contributor	M D D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc)	250 ner than employer	0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide should be listed. If two or more employees contribute via payroll de-	Judge State Zip Code O H	43212 tes. If contributor	M D D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc)	250 ner than employer	0.00
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide should be listed. If two or more employees contribute via payroll demembers, if any, must appear. [R.C. 3517.10(BX4)] Fill in the boxes below only on the last page for this event.	State Zip Code O H	43212 ites. If contributor ite of \$100, the la	M D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc) ck cccupation rath f which the em	250 ner than employer ployees are	ļ
Full Name of Contributor Richard Frye Street Address 1669 Roxbury Road City Upper Arlington * Required for contributions from individuals over \$100 to statewide should be listed. If two or more employees contribute via payroll demembers, if any, must appear. [R.C. 3517.10(BX4)] Fill in the boxes below only on the last page for this event.	State Zip Code O H	43212 ites. If contributor ite of \$100, the la	M D 0 2 1 5 Form(Cash,Che Chec	Y Am 1 8 ck,etc) ck cccupation rath f which the em	250 ner than employer ployees are	ļ
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