

## 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 Sommer L. Sheely				Registration Number, if PAC		
Street Address 3641 Dayspring Drive		Employer/Occupation/Labor Organization* Attorney - Bricker & Eckler			Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	M 1	D 2	Y 1	Amount \$25.00
Full Name of Contributor Kathleen R. Hughes				Registration Number, if PAC		
Street Address 270 S. Dawson Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 1	D 2	Y 1	Amount \$150.00
Full Name of Contributor Anne Marie Sferra				Registration Number, if PAC		
Street Address 6034 Tuckahoe Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 1	D 2	Y 1	Amount \$100.00
Full Name of Contributor Anne W. Reid				Registration Number, if PAC		
Street Address 8252 Spruce Needle Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43235	M 1	D 2	Y 1	Amount \$475.00
Full Name of Contributor Faith M. Williams				Registration Number, if PAC		
Street Address 9058 Kildoon Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 2	Y 1	Amount \$575.00
Full Name of Contributor Drew H. Campbell				Registration Number, if PAC		
Street Address 155 Oakland Park Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus,	State OH	Zip Code 43214	M 1	D 2	Y 1	Amount \$325.00
Full Name of Contributor Friends of William D. Mason				Registration Number, if PAC		
Street Address 5114 Sassafras Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Parma	State OH	Zip Code 44129	M 1	D 2	Y 1	Amount \$150.00
Full Name of Contributor Dane Gaschen				Registration Number, if PAC		
Street Address 9054 Concord Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Powell	State OH	Zip Code 43065	M 1	D 2	Y 1	Amount \$50.00

\* 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)]

Page Total \$1,850.00