

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 Bobbie S. Sprader						Registration Number, if PAC				
Street Address 5341 Summerwood Crossing			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) check				
City Galena		State OH	Zip Code 43021		M 0		D 4		Y 12	
						Amount \$500.00				
Full Name of Contributor Contributions from Form No 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M		D		Y	
		OH			02		28		12	
						Amount \$4,625.00				
Full Name of Contributor Contributions from Form No 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M		D		Y	
		OH			03		08		12	
						Amount \$800.00				
Full Name of Contributor Contributions from Form No 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M		D		Y	
		OH			04		03		12	
						Amount \$2,700.00				
Full Name of Contributor Edward M. Dunlap						Registration Number, if PAC				
Street Address 202 E. Como Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43202		M 0		D 4		Y 0612	
						Amount \$30.00				
Full Name of Contributor Steven L. Ball						Registration Number, if PAC				
Street Address 1010 Old Henderson Rd Ste 1			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43220		M 0		D 4		Y 1112	
						Amount \$100.00				
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M		D		Y	
		OH								
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State	Zip Code		M		D		Y	
		OH								

* 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 **\$8,755.00**