

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page _____

Name of Committee in Full Committee for Kim Brown for Judge							
Full Name of Contributor Mark Pohlman					Registration Number, if PAC		
Street Address 277 S. 17th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic debit		
City Columbus	State OH	Zip Code 43205	M 1	D 0	Y 0	Amount \$25.00	
Full Name of Contributor Frederick Sowards					Registration Number, if PAC		
Street Address 1011 Highland Street		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) electronic debit		
City Columbus	State OH	Zip Code 43201	M 1	D 0	Y 0	Amount \$250.00	
Full Name of Contributor Bailey Cavalieri, LLC					Registration Number, if PAC		
Street Address 10 West Broad Street, Suite 2100		Employer/Occupation/Labor Organization* Law firm			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$750.00	
Full Name of Contributor Joseph L. Mas					Registration Number, if PAC		
Street Address 330 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1	Amount \$100.00	
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 OH	Zip Code	M 0	D 5	Y 1	Amount \$2,670.00	
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 OH	Zip Code	M 0	D 5	Y 2	Amount \$7,155.00	
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 OH	Zip Code	M 0	D 8	Y 0	Amount \$1,250.00	
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 OH	Zip Code	M 0	D 8	Y 1	Amount \$2,635.00	

* 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 **\$14,835.00**