

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 Vicki Lyden					Registration Number, if PAC				
Street Address 3096 Herrick Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic debit				
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Y 9	M 1	D 2	Y 2
Amount \$25.00									
Full Name of Contributor Jeremy Dodgion Attorney at Law Co., LPA					Registration Number, if PAC				
Street Address 1188 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus	State OH	Zip Code 43206	M 1	D 1	Y 2	Y 8	M 1	D 2	Y 2
Amount \$350.00									
Full Name of Contributor Ross & Midian					Registration Number, if PAC				
Street Address 309 S. 4th Street, Suite 100		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 2	Y 8	M 1	D 2	Y 2
Amount \$750.00									
Full Name of Contributor Nemann Law Offices, LLC					Registration Number, if PAC				
Street Address 1234 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus	State OH	Zip Code 43206	M 1	D 1	Y 2	Y 8	M 1	D 2	Y 2
Amount \$500.00									
Full Name of Contributor David P. Rieser					Registration Number, if PAC				
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus	State OH	Zip Code 43206	M 1	D 1	Y 2	Y 8	M 1	D 2	Y 2
Amount \$500.00									
Full Name of Contributor Jack Rosati					Registration Number, if PAC				
Street Address 13495 State Route 38 SE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City London	State OH	Zip Code 43140	M 1	D 2	Y 0	Y 5	M 1	D 2	Y 2
Amount \$375.00									
Full Name of Contributor Alexander M. Brown					Registration Number, if PAC				
Street Address 5724 Newington Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Hilliard	State OH	Zip Code 43026	M 1	D 2	Y 1	Y 1	M 1	D 2	Y 2
Amount \$100.00									
Full Name of Contributor Karen D. Smith					Registration Number, if PAC				
Street Address 6765 Upper Brook Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City New Albany	State OH	Zip Code 43054	M 1	D 2	Y 1	Y 1	M 1	D 2	Y 2
Amount \$200.00									

* 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 **\$2,800.00**