

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge													
Full Name of Contributor Brian Laliberte						Registration Number, if PAC							
Street Address 246 Fallis Road			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Paypal						
City Columbus		State O H		Zip Code 43214		M 0 2		D 1 6		Y 1 8		Amount 100.00	
Full Name of Contributor Elizabeth Walsh						##							
Street Address 110 N. 3rd Street, Unit 204			Employer/Occupation/Labor Organization Retired				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 1		D 2 1		Y 1 8		Amount 600.00	
Full Name of Contributor Anne Marie Sferra						Registration Number, if PAC							
Street Address 6034 Tuckahoe Court			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Check						
City New Albany		State O H		Zip Code 43054		M 0 2		D 1 4		Y 1 8		Amount 100.00	
Full Name of Contributor Doug Shevelow						Registration Number, if PAC							
Street Address 8688 Cedar Brook Street			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Check						
City Pickerington		State O H		Zip Code 43147		M 0 2		D 1 9		Y 1 8		Amount 100.00	
Full Name of Contributor **Regina Griffith						Registration Number, if PAC							
Street Address 501 S. High Street			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Cash						
City Columbus		State O H		Zip Code 43015		M 0 2		D 1 6		Y 1 8		Amount 100.00	
Full Name of Contributor Sommer Sheely						Registration Number, if PAC							
Street Address 2341 Bryden Road			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Paypal						
City Bexley		State O H		Zip Code 43209		M 0 2		D 2 6		Y 1 8		Amount 100.00	
Full Name of Contributor Marc Ferricci						Registration Number, if PAC							
Street Address 5811 Baronscourt Way			Employer/Occupation/Labor Organization Engineer				Form (Cash, Check, etc.) Paypal						
City Dublin		State O H		Zip Code 43016		M 0 2		D 2 8		Y 1 8		Amount 50.00	
Full Name of Contributor **Nathan Akamine						Registration Number, if PAC							
Street Address 844 S. Front Street			Employer/Occupation/Labor Organization Attorney				Form (Cash, Check, etc.) Paypal						
City Columbus		State O H		Zip Code 43206		M 0 3		D 0 2		Y 1 8		Amount 300.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

** On appointed counsel list.