

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee for Kim Brown for Judge</b>														
Full Name of Contributor <b>Kenneth C. Johnson</b>						Registration Number, if PAC								
Street Address <b>7421 Ratchford Court</b>			Employer/Occupation/Labor Organization* <b>Attorney - Bricker &amp; Eckler</b>			Form (Cash, Check, etc.) <b>check</b>								
City <b>New Albany</b>			State <b>OH</b>		Zip Code <b>43054</b>		M <b>1</b>		D <b>2</b>		Y <b>1 1 2</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>James P. Burnes</b>						Registration Number, if PAC								
Street Address <b>2428 Canterbury Road</b>			Employer/Occupation/Labor Organization* <b>Attorney - Bricker &amp; Eckler</b>			Form (Cash, Check, etc.) <b>cash</b>								
City <b>Columbus</b>			State <b>OH</b>		Zip Code <b>43221</b>		M <b>1</b>		D <b>2</b>		Y <b>1 1 2</b>		Amount <b>\$200.00</b>	
Full Name of Contributor <b>Bobbie S. Sprader</b>						Registration Number, if PAC								
Street Address <b>5341 Summerwood Crossing</b>			Employer/Occupation/Labor Organization* <b>Attorney - Bricker &amp; Eckler</b>			Form (Cash, Check, etc.) <b>check</b>								
City <b>Galena</b>			State <b>OH</b>		Zip Code <b>43021</b>		M <b>1</b>		D <b>2</b>		Y <b>1 1 2</b>		Amount <b>\$75.00</b>	
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State <b>OH</b>		Zip Code		M		D		Y		Amount	
Full Name of Contributor						Registration Number, if PAC								
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City			State <b>OH</b>		Zip Code		M		D		Y		Amount	

\* 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 **\$375.00**