

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 George Sarap						Registration Number, if PAC			
Street Address 51 N. High Street, Suite 781			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 3	Y 1	Y 1	Amount \$150.00
Full Name of Contributor Colley Shroyer & Abraham Co., L.P.A.						Registration Number, if PAC			
Street Address 536 South High Street			Employer/Occupation/Labor Organization* Law firm				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 2	Y 5	Y 1	Amount \$200.00
Full Name of Contributor Chester P. Porembski						Registration Number, if PAC			
Street Address 5683 Terre Prince Court			Employer/Occupation/Labor Organization* Attorney - OhioHealth Corporation				Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 2	Y 3	Y 1	Amount \$100.00
Full Name of Contributor Carole N. Chidester						Registration Number, if PAC			
Street Address 1800 Cambridge Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212	M 1	D 0	Y 2	Y 9	Y 1	Amount \$25.00
Full Name of Contributor Todd A. Long/The Owen Firm, LLC						Registration Number, if PAC			
Street Address 5354 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214	M 1	D 0	Y 2	Y 9	Y 1	Amount \$100.00
Full Name of Contributor Brunner Quinn						Registration Number, if PAC			
Street Address 35 North Fourth Street, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 2	Y 9	Y 1	Amount \$250.00
Full Name of Contributor Sylvia Gillis						Registration Number, if PAC			
Street Address 1810 N. Devon Road			Employer/Occupation/Labor Organization* Attorney - Bricker & Eckler				Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43212	M 1	D 0	Y 2	Y 9	Y 1	Amount \$100.00
Full Name of Contributor Steve Samuels						Registration Number, if PAC			
Street Address 320 N. Parkview Avenue			Employer/Occupation/Labor Organization* Attorney - Ice Miller				Form (Cash, Check, etc.) check		
City Bexley		State OH	Zip Code 43209	M 1	D 0	Y 3	Y 0	Y 1	Amount \$250.00

* 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 **\$1,175.00**