

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 David Berkley					Registration Number, if PAC		
Street Address 110 North 3rd Street, Unit 708		Employer/Occupation/Labor Organization Cardinal Health			Form (Cash, Check, etc.) Paypal		
City Columbus	State O   H	Zip Code 43215	M 0   1	D 1   9	Y 1   8	Amount 100.00	
Full Name of Contributor **Nicole Churchill					Registration Number, if PAC		
Street Address 1020 Hilo Lane, Apt 4		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Paypal		
City Columbus	State O   H	Zip Code 43212	M 0   2	D 1   5	Y 1   8	Amount 250.00	
Full Name of Contributor Daniel Koczur					Registration Number, if PAC		
Street Address 110 N 3rd Street		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 Steven Fischer					Registration Number, if PAC		
Street Address 106 N. High Street, #602		Employer/Occupation/Labor Organization Software Sales			Form (Cash, Check, etc.) Paypal		
City Columbus	State O   H	Zip Code 43215	M 0   1	D 2   1	Y 1   8	Amount 250.00	
Full Name of Contributor Luther Liggett, Jr.					Registration Number, if PAC		
Street Address 5053 Grassland Drive		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Dublin	State O   H	Zip Code 43016	M 0   2	D 0   7	Y 1   8	Amount 125.00	
Full Name of Contributor Reminger Co., LPA					Registration Number, if PAC ROPAC CP 495		
Street Address 101 Prospect Ave. W		Employer/Occupation/Labor Organization Law firm			Form (Cash, Check, etc.) Check		
City Cleveland	State O   H	Zip Code 44115	M 0   1	D 3   1	Y 1   8	Amount 500.00	
Full Name of Contributor Scott Elliot Smith					Registration Number, if PAC		
Street Address 5003 Horizons Drive, Suite 200		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43220	M 0   1	D 3   1	Y 1   8	Amount 1,000.00	
Full Name of Contributor Richard Topper					Registration Number, if PAC		
Street Address 869 Katherine's Ridge Lane		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Paypal		
City Columbus	State O   H	Zip Code 43235	M 0   2	D 1   3	Y 1   8	Amount 150.00	

\* 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.