

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

|   |  |                       |   |                          |  |                             |   |                   |  |                   |  |                         |
|---|--|-----------------------|---|--------------------------|--|-----------------------------|---|-------------------|--|-------------------|--|-------------------------|
| Name of Committee in Full<br><b>Committee for Kim Brown for Judge</b> |  |                       |   |                          |  |                             |   |                   |  |                   |  |                         |
| Full Name of Contributor<br><b>Rhys Thomas</b>                        |  |                       |   |                          |  | Registration Number, if PAC |   |                   |  |                   |  |                         |
| Street Address<br><b>1709 Franklin Avenue</b>                         |  |                       | Employer/Occupation/Labor Organization                                |                          |  |                             | Form (Cash, Check, etc.)<br><b>Electronic</b> |                   |  |                   |  |                         |
| City<br><b>Columbus</b>   |  | State<br><b>O   H</b> |   | Zip Code<br><b>43205</b> |  | M<br><b>0   1</b>           |   | D<br><b>3   0</b> |  | Y<br><b>1   2</b> |  | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>Elizabeth Walsh</b>                    |  |                       |   |                          |  | Registration Number, if PAC |   |                   |  |                   |  |                         |
| Street Address<br><b>110 N. 3rd St. #302</b>                          |  |                       | Employer/Occupation/Labor Organization<br><b>Northwood Consulting</b> |                          |  |                             | Form (Cash, Check, etc.)<br><b>Check</b>      |                   |  |                   |  |                         |
| City<br><b>Columbus</b>   |  | State<br><b>O   H</b> |   | Zip Code<br><b>43215</b> |  | M<br><b>0   2</b>           |   | D<br><b>0   6</b> |  | Y<br><b>1   2</b> |  | Amount<br><b>500.00</b> |
| Full Name of Contributor  |  |                       |   |                          |  | Registration Number, if PAC |   |                   |  |                   |  |                         |
| Street Address  |  |                       | Employer/Occupation/Labor Organization                                |                          |  |                             | Form (Cash, Check, etc.)                      |                   |  |                   |  |                         |
| City  |  | State                 |   | 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                 |   | 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                 |   | 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                 |   | 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                 |   | 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                 |   | 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                 |   | Zip Code                 |  | M                           |   | D                 |  | Y                 |  | Amount                  |

\* 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)

Page Total \$ **600.00**