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			Registrat	Registration Number, if PAC				
Rhys Thomas								
Street Address	Employer/Occup	oation/Labor Organization				Form (Cash, Check, etc.)		
1709 Franklin Avenue						Electronic		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OIH	43205	0 1	3 0		100.00		
Full Name of Contributor			Registration Number, if PAC					
Elizabeth Walsh					,			
Street Address	Employer/Occur	pation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)		
	·	Northwood Consulting				Check		
110 N. 3rd St. #302			M D Y					
City	State	Zip Code			4 1	Amount		
Columbus	O H	43215	0 2		1 2	500.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Street Address	Employer/Occup	<u> </u>			Form (Cash, Check, etc.)			
	<u> </u>							
City	State	Zip Code	М	D	Y	Amount		
		1	1			1		
Full Name of Contributor	Registration Numb				ber, if PA	C		
eet Address Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
	1			<u> </u>				
City	State	Zip Code	М	D	Y	Amount		
	1 1							
Full Name of Contributor	·		Registra	tion Nun	ber, if PA	AC .		
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
oness rumos	55103450000	Employed Occupation Dabon Organization				((, ,)		
City	State	Zip Code	М	D	Y	Amount		
				1				
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
	, ,							
City	State	Zip Code	М	D	Y	Amount		
				ĺ				
Full Name of Contributor		<u> </u>	Registra	tion Nur	nber, if PA	AC		
p in realic of Controllor					Registration Number, if PAC			
Street Address	Employer/Occi				Form (Cash, Check, etc.)			
				-,				
City	State	Zip Code	М	D	Y	Amount		
						<u>l</u>		
Full Name of Contributor			Registr	ation Nur	nber, if Pa	AC		
Circus Addition	Employer(Occ.	ployer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
Street Address	Employer/Occi	Employer/Occupation/Labor Organization				rottir (Casii, Check, etc.)		
		7:- C-4-	137	1 5	T 17	Amount		
City	State	Zip Code	M	D	Y	Amount		
		<u> </u>				<u> </u>		

* 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