

31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page _____

Name of Committee in Full Committee for Kim Brown for Judge									
Full Name of Contributor Richard A. Frye						Registration Number, if PAC			
Street Address 1669 Roxbury Road			Employer/Occupation/Labor Organization* Judge				Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43212		M 1	D 0	Y 1	Amount \$200.00	
Full Name of Contributor Mark Hummer						Registration Number, if PAC			
Street Address 1795 Edgemont Road			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212		M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Sue W. Yount						Registration Number, if PAC			
Street Address 246 E. Hocking Street			Employer/Occupation/Labor Organization* Attorney - Bricker & Eckler				Form (Cash, Check, etc.) check		
City Canal Winchester		State OH	Zip Code 43110		M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC			
Street Address 545 E. Town Street			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Gregory Gorospe						Registration Number, if PAC			
Street Address 667 Parkedge Drive			Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) electronic debit		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Sean Mentel						Registration Number, if PAC			
Street Address 58 N. 4th Street			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) electronic debit		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Amount \$575.00	
Full Name of Contributor Susan Greenberger						Registration Number, if PAC			
Street Address 311 South Columbia Avenue			Employer/Occupation/Labor Organization* Attorney - Bricker & Eckler				Form (Cash, Check, etc.) electronic debit		
City Columbus		State OH	Zip Code 43209		M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Mark Kitrick						Registration Number, if PAC			
Street Address 60 E. Spring Street, PH 601			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 0	Amount \$200.00	

* 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 **\$1,475.00**