· 30-A R.C. 3517,10

Ohio Campaign Finance Report



Prescribed by Secretary of State 3/05									015 JAN 27 AM 10: 20				
Full Name of Committee REELECT JUDG	Registration Number, if PAC FRANKLIN COUNTY BUARD OF STRONG												
Full Name of Candidate KIM A. BROWNE								•	÷.		TIUN,	5	
Street Address 1094 CRESWELL	Office Sought COM. PLEAS JUDG			District DOM/JUV									
NEW ALBANY	State OH			Zip Code 43054									
Type of Report (place X to the left of report		Pre-Primary July	Post-Primary August			Pre-General September	Post-G		eneral Annual Year 2014 Semiannual				
type)		Monthly		Monthly		Monthly		Terminat			Y	<u> </u>	
<u> </u>	'	Report Electronically Fi		☐ Yes No		Election	1	7	0	2	<u> </u>	0	
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.													
	1. Amount brought forward from last report					s	1,560	.69					
	2. Total monetary contributions (From Form No. 31-A) 3. Total other income (From Form No. 31-A-2)					s	\$0						
						s	\$0	.00					
•	4. Tob	al funds available (sum	s	1,560	.69								
	5. Total monetary expenditures (From Form No. 31-B) 6. Balance on hand (line 4 minus line 5)					s	\$1,535	.50					
						\$	\$25	.19					
	7. Vals	ne of in-kind contributi	-1)	s	\$0	.00							
	8. Value of in-kind contributions made (From Form No. 31-J-2) 9. Outstanding loans owed by committee (From Form No. 31-C)						\$C						
							\$0						
	10. Outstanding debts owed by committee (From Form No. 31-N)					s	\$0						
						\$	\$0	.00					
						\$	\$0	.00					
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. \$													
THE INFORMATION CONTA					F ELEC	TION FALSIFICATIO	N. WHOE	EVER CO	OMMIT:	SELEC	rion .		
FALSIFICATION IS GUILTY	Gu	st	_ _	- Tad						26	-/5	5	
Print Name and Title (Treasurer a	aa Dept	ny riezsurer only)		Signature			_		ivate				

Contribution pages 0

Expenditure pages_____

Other 3

Total pages