31	-/	١-	2		
R.	C. 3	351	7.	100	B)

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

			
Name of Committee in Full Committee for Kirn Brown for Judge			
Full Name Kimberly J. Brown - Candidate [Form 31-A-2]			Registration Number, if PAC
Address 106 N. High Street	Type*		1 0 0 3 1 2 \$50,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State –	Zip Code	Form (Cash, Check, etc.)
Full Name	011		Registration Number, if PAC
Address	Type*	The second second	M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
Address	Type*		Ms D Y Amount
City	RE _	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
Address	Type*	and the second	M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
Full Name	ОН		Registration Number, if PAC
Address	Type*		
City	RE	7. Code	
	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	,		Registration Number, if PAC
Address	Type*RE	Zin Code	M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

50,000.00
Page Total \$ _____

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.