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R	i.C.	351	17.	100	(B)

Statement of Other Income

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Kim Brown for Judge	···		
Full Name	Registration Number: if PAC		
Kimberly A. Brown - Candidate			
Address 106 N. High Street	Туфе* LN		1 2 2 0 1 1 Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name		<u> </u>	Registration Number, if PAC
		<u> </u>	
Address	Type*		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
	T 71. 4		M D Y Amount
Address	Type*		
City	State	Zíp Code	Form (Cash. Check, etc.)
	OH		Registration Number, if PAC
Full Name		· •	
Address	Type*		M D Y Amount
a)	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH		:
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE State	Zin Code	Form (Cash, Check, etc.)
City	State OH	Zip Code	rum (Casil, Circos, etc.)
Fuli Name		<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
			M D Y Amount
Address	Type* RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	D. L. V. Aman
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH_		

100.00
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.