## Ohio Campaign Finance Report N 29 PM 12: 22

Prescribed by Secretary of State 3/05

Full Name of Committee			TESTIONS *	Registration	Number, if P	A€
REELECT JUDGE	BROWNE! (RI	B)				
Full Name of Candidate						
KIM A. BROWNE	•					
Street Address			Office Sought		District	
1094 CRESWELL D	R.		COM. F	LEAS JUDGE	$\mathbf{E} \mid \mathbf{D}\mathbf{C}$	DM/JUV
Çity				State Zi	p Code	
NEW ALBANY				OH	43054	
Type of Roport	Pre-Primary	Post-Primary	Pre-General	Post-Genera	al X	Annual Year
place X to the left of report	July	August	September			Semiannual
(ype)	Monthly	Monthly	Monthly	Termination	١	
Amended Report?	Report Elec	tronically filed?		М	D	Y
🗌 Yes 📝 No		] Yes   ✓ No	Date of Election	1 1 1 1	0 8	1 6

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 at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Assount brought forward from last report.	\$ 1,781.96
2 Total monetary contributions (From Ferry No. 31-A)	\$
3. Tulai eller incerne (From Form No. 31-8-2)	\$
4 Total funds westable (sam of lines 1, 2, 3)	\$ 1,246.96
5. Total induction concentration (France Perior No. 31-B)	\$ 53 <u>5</u> .00
6." Balance (B hand (Bio-4 dumps fine (I) )	\$ 1,246.96
7. Value of he kind contributions received (Prom Form No. 31, 1-1)	\$
S. Value of unkind counterparts made (From Form No. 314-2)	\$ 0.00
9 Combanding build owed by commutes (From Form No. 57-C).	\$ 0.00
10. Chantesting debts owed by communes (Paga: From No. 31-N)	\$ 0.00
11. Odstanding losss cared as consulted (From Form No. 31-K)	\$ <u>0</u> .00
12. We've of independent expenditures made (From Form No. 31-11)	\$ 0.00
13. For Exergence Filing Emisses only Som of lines 2, 1 and smooth of any new leaps received this period	\$

THE INFORMATION CONTAINED IN 1	THIS REPORT IS MADE UNDER THE	PENALTY OF PLECTION FALSIFICATION.	WHOEVER
COMMITS ELECTION FALSIFICATION		ELFTH DECREE	1277700
MEISSA M. Gast	Tryasurer _	Men	<u> </u>
Print Name and Title (Treasurer and Deputy	reasurer only) Signature		Date
Contribution	Expenditure	Other	Total
pages	pages	pages 3	pages 5