31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
REELECT JUDGE BROWNE! (RJB)					
Full Name			**Registration Number, if PAC**		
KIM A. BROWNE					
Address	**Type***		**M / D / Y**	**Amount**	
1094 CRESWELL DRIVE	L N		01 13 10	100.25	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**		
NEW ALBANY	O H	43054	CASH		
Full Name			**Registration Number, if PAC**		
Address	**Type***		**M / D / Y**	**Amount**	
City	**State**	**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			**Registration Number, if PAC**		
Address	**Type***		**M / D / Y**	**Amount**	
City	**State**	**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			**Registration Number, if PAC**		
Address	**Type***		**M / D / Y**	**Amount**	
City	**State**	**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			**Registration Number, if PAC**		
Address	**Type***		**M / D / Y**	**Amount**	
City	**State**	**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)**		

* 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, place the letters 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.

Page Total $ 100.25