31-C R.C. 3517.10

## Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee Committee for Kim Brown	for Judg	je				<del></del>							
From Whom Received Kimberly J. Brown - Candidate									Prior Amount \$55,100.00				Amt. Incurred this Period \$0.00
Address 106 N. High Street													Outstanding Balance \$55,100.00
City Columbus	State Zip Code OH 43215			Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	0 1	0 3	1 2	М	D	Y	S		M	D	Y		S
Registration Number, if PAC				М	D	Y			M	D	Y		
Employer/Occupation/Labor Organization* Attorney/Judicial Candidate				М	D	Y			M	D	, A		
From Whom Received									Prior Am	ount			Amt. Incurred this Period
Address													Outstanding Balance
City	St ate Zip Code OH			Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$		M	D	Y		\$
Registration Number, if PAC				М	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received									Prior An	nount			Amt. Incurred this Period
Address					<u> </u>								Outstanding Balance
City	St atc OH	Zip Code	<del>,</del>		Loans Received This Period  Date Amount			t	Date				This Period Amount
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$ 		М	D	Y		\$
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y		
* Required for contributions from in the individual's business, if any, rat labor organization of which the em	her than er	nployer sh	ould be li	sted. If	two or n	nore em	ployees contribute	ntribut via pa	or is self yroll ded	employ- luction a	ed, the	e occ	cupation and the name of the aggregate of \$100, the
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	isfer total	of all pay	tanding I yments m	Balance nade in	e" space this per	e. Tran riod to	sfer total of all lo the Statement of	eans re Expe	eceived nditures	this per (Form	riod to No. 3	the	e Statement of Other ). Transfer Outstanding
<sup>1</sup> Total prior amount \$\$55	,100.00	)											•
<sup>2</sup> Total received this period \$	ceived this period \$ \$0.00 (To Form No. 31-A-2)												
Total payments this period \$ \$0.00					(To Form No. 31-B)								
<sup>4</sup> Total Outstanding Balance \$\$55,100.00 (To Form No. 30-A)													