31-C R.C. 3517.10

Statement of Loans Received

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Prescribed by Secretary of State 3/05

			11050110	ed by Sec	retary or						
Full Name of Committee Committee for Kim Bro	wn for	Judge									
From Whom Received Kimberly J. Brown - Candidate							Prior Amount \$5,100.00			Amt, Incurred this Period \$50,000.00	
Address 106 N. High Street	_									Outstanding Balance \$55,100.00	
City Columbus	St ate	Zip Code 43215	E	Loan Date	Loans Received This Period			P Date	² ayments	This Period Amount	
Date Loan was originally Incurred	0 1	0 3 1 2	1 0	0 3	1 2	\$50,000.00	М	D	Y	s	
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·	1	М	D'	Y		М	D	Y		
Employer/Occupation/Labor Organization Attorney/Judicial Candidate	n*		М	D	Y		М	D	Y		
From Whom Received			•				Prior Ar	nount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	State OH	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D Y	М	D	Y	S	М	D	Y	2	
Registration Number, if PAC			М	D,	Y		М	D	Y		
Employer/Occupation/Labor Organization	n*		М	D	Y		М	D	M		
From Whom Received							Prior Ai	nount	<u>· · · · · · · · · · · · · · · · · · · </u>	Amt, Incurred this Period	
Address			, , , , , , , , , , , , , , , , , , , 							Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D Y	М	D,	Y	S	М	D	Y	S	
Registration Number, if PAC			М	D.	Ϋ́		М	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y		
* Required for contributions from in	dividuals o	over \$100 to statewi	de and ge	neral as	sembly	candidates. If contribu	tor is sel	f-employe	d, the oc	cupation and the name of	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$5	,100.00	
² Total received this period \$	\$50,000.00	(То Fотп No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$55,100.00	(To Form No. 30-A)

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]