

# FOR PAPER FILING ONLY

## Statement of Other Income

Page 17

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Chris Brown for Judge					
Full Name Chris and Jennifer Brown			Registration Number, if PAC		
Address 968 Euclaire	Type* LN		M 0	D 6	Y 1
City Bexley	State OH	Zip Code 43209	Amount 12000		
Form (Cash, Check, etc.) Check					
Full Name					
Registration Number, if PAC					
Address	Type* refund		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refund		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refund		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refunc		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refunc		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refund		M	D	Y
City	State OH	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name					
Registration Number, if PAC					
Address	Type* refunc		M	D	Y
City	State OH	Zip Code	Amount		
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, 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.