

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee REELECT JUDGE BROWNE! (RIB)											
From Whom Received KIM A. BROWNE								Prior Amount 0.00		Amt. Incurred this Period 100.25	
Address 1094 CRESWELL DR.										Outstanding Balance 0.00	
City NEW ALBANY		State O	Zip Code H 43054	Loans Received This Period Date 0 1 1 3 1 0				Amount 100.25		Payments This Period Date 0 1 2 9 1 0	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y
		0	1	1	3	1	0		0	1	2
Registration Number, if PAC				M	D	Y			M	D	Y
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period Date				Amount		Payments This Period Date	
				M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		M	D	Y	M	D	Y		M	D	Y
Registration Number, if PAC				M	D	Y			M	D	Y
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period Date				Amount		Payments This Period Date	
				M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred		M	D	Y	M	D	Y		M	D	Y
Registration Number, if PAC				M	D	Y			M	D	Y
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y

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

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 100.25 (To Form No. 31-A-2)
- Total Payments this Period \$ 100.25 (also record on Form 31-B)
- Total Outstanding Balance \$ 0.00 (To Form No. 30-A)