## **Statement of Loans Received**

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Page			

				Prescrib	ed by Sec	cretary o	f State 3/	05				
Full Name of Committee Committee for Kim Brov	wn for Judg	ge										
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	St ate OH	Zip Code 43215		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was	0 1	D 0 3	1 2	M	D	Y	\$	Amount	М	D	Y	\$
Registration Number, if PAC		•		М	D	Y			М	D	Y	
Employer/Occupation/Labor Organiz Attorney/Judicial Candidate	ation*			М	D	Y			M	D	Y	
From Whom Received	<del>-</del>					<del></del>			Prior An	nount		Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code	•		Loan Date	ıs Recei	ved This	Period Amount		Date	Payments	This Period Amount
Date Loan was	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC		1	_1	M	D	Y	1		М	D	Y	
Employer/Occupation/Labor Organiz	ration*			М	D	Y			M	D	Y	
From Whom Received					1	<u> </u>	<u> </u>		Prior An	nount		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	М	D	Y	М	D	Y	\$		M	D	Y	\$
Registration Number, if PAC	!	<u> </u>	<u> </u>	М	D	Y	1	· · · · · ·	М	D	Y	
Employer/Occupation/Labor Organiz	ration*			М	D	Ŷ			M	D	Y	
* Required for contributions from the individual's business, if any, labor organization of which the	, rather than en	nployer sl	hould be lis	sted. If t	wo or m	ore emp	oloyees	contribute via į	utor is self payroll dec	employe luction a	ed, the or	ecupation and the name of d the aggregate of \$100, the
If a loan is forgiven, write "Fo Income (Form No. 31-A-2). The Ralance to the Cover page (Form No. 31-A-2).	ransfer total	of all pa	standing E yments m	Balance ade in	" space this per	. Trans iod to t	fer tota he Stat	al of all loans ement of Exp	received enditures	this per (Form	riod to tl No. 31-l	ne Statement of Other B). Transfer Outstanding

Total prior amount \$\$55,	100.00	
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> 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)