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10 JUN 11 AM 9:41

Ohio Campaign Finance Report

FRANKLIN COUNTY
BOARD OF ELECTIONS

Prescribed by Secretary of State 3/05

Full Name of Committee REELECT JUDGE BROWNE! (RJB)						Registration Number, if PAC		
Full Name of Candidate KIM A. BROWNE								
Street Address 1094 CRESWELL DRIVE				Office Sought COM. PLEAS JUDGE		District DRI		
City NEW ALBANY						State O	H	Zip Code 43054
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> 2010 Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year			
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual			
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 0	D 5	Y 0
						0	4	1

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 14,720.00
3. Total other income (From Form No. 31-A-2)	\$ 100.25
4. Total funds available (sum of lines 1, 2, 3)	\$ 14,820.25
5. Total monetary expenditures (From Form No. 31-B)	\$ 4,279.80
6. Balance on hand (line 4 minus line 5)	\$ 10,540.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,704.56
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Melissa M. Gast, Treasurer [Signature] 6-10-10
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 0

Expenditure pages 1

Other pages 1

Total pages 2

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
REELECT JUDGE BROWNE! (RJB)						
Full Name				Registration Number, if PAC		
KIM A. BROWNE						
Address	Type*		M	D	Y	Amount
1094 CRESWELL DRIVE	L N		0	1	1	100.25
City	State	Zip Code	Form(Cash,Check,etc)			
NEW ALBANY	O H	43054	CASH			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name				Registration Number, if PAC		
Address	Type*		M	D	Y	Amount
City	State	Zip Code	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, place the letters 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.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full REELECT JUDGE BROWNE! (RJB)												
To Whom Paid KIM A. BROWNE						M	D	Y	Amount			
						0	1	2	9	1	0	100.25
Address 1094 CRESWELL DRIVE				Purpose LOAN REPAYMENT								
City NEW ALBANY				State	Zip Code	Check Number						
				O	H	43054	1001					
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State	Zip Code	Check Number						