31-C R.C. 3517.10

² Total received this period \$ \$0.00

\$55,100.00

³ Total payments this period \$ __

⁴ Total Outstanding Balance \$ _

Statement of Loans Received

Page	3	
1 ago		

Prescribed by Secretary of State 3/05

				Prescrib	ed by Sec	retary of	State 3/05					
Full Name of Committee Committee for Kim Brow	n for Judg	e										
From Whom Received Kimberly J. Brown - Candidate								Prior An	nount 5,100.0	0	Amt. Incurred this Period \$0.00	
Address 106 N. High Street											Outstanding Balance \$55,100.00	
City Columbus	St ate OH	Zip Code 43215			Loan Date	s Receiv	ed This Period Amount		Payments This Period Date Amount			
Date Loan was originally Incurred	0 1	D: 0 3 1	y 2	М	D	Y.	s	M	D	Y	2	
egistration Number, if PAC				М	D	Ÿ		M	D	Y		
Employer/Occupation/Labor Organization* Attorney/Judicial Candidate				М	D.	Y		M	D	Y		
rom Whom Received								Prior An	nount		Amt. Incurred this Period	
Address							· · · · · · · · · · · · · · · · · · ·				Outstanding Balance	
ity	St ate OH	Zip Code	··-	,	Loan Date	s Receiv	ed This Period Amount		Date	Payments	ts This Period Amount	
Date Loan was Originally Incurred Registration Number, if PAC	M	D	Y .	M M	D	Ý	S	M	D D	Y	\$	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y		
rom Whom Received	. ··- <u>.</u> · . ·					:	<u> </u>	Prior At	nount		Amt. Incurred this Period	
Address						· -			-		Outstanding Balance	
Sity	State Zip Code			Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was	М	D.	Y	M	D	Y	S	М	D	Y	\$	
Legistration Number, if PAC		· · · · · · · · · · · · · · · · · · ·		М	D	Y		M	D	Yı		
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y		
Required for contributions from the individual's business, if any, labor organization of which the	rather than er	nployer shou	ıld be li:	sted. If t	wo or m	ore emp	oloyees contribute v	ributor is sel ia payroll de	f-employ duction a	ed, the od	ccupation and the name d the aggregate of \$100,	
f a loan is forgiven, write "Foncome (Form No. 31-A-2). The Balance to the Cover page (Form No. 31-A-2).	orgiven" in t ransfer total	he "Outstar of all paym	nding E	Balance	" space	. Trans	fer total of all loa	ins received Expenditure	l this per s (Form	riod to th No. 31-1	ne Statement of Other B). Transfer Outstand	
	55,100.00											

(To Form No. 31-A-2)

__ (To Form No. 31-B)

__ (To Form No. 30-A)