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## **Statement of Loans Received**

State III																
Prescribed by Secretary of State3/05																
Full Name of Committee																
Brown for Judge Comm	nittee									Prior	A	innt			Amt. Incurred th	is Period
From Whom Received							PHOI	Amo		79.2		M				
Marilyn Brown									ance							
Address																12,779.29
34 W. Poplar  State Zip Code Loans Received This Period Payments This Period Amount																
City Columbus		43215			Date				Amount	- 1		Dat	e Ty	7	- All	louit
Date Loan was originally	M	D Y	M		D	Y .	\$	3	_	М	- 1	- D	1		-	
Incurred					D	Y	-+			М		D	1	Z T		
Registration Number, if PAC			M		_ []	1	١.		_			_				
- Taban Organization*			M	+ -	D	Y	十			М		D	7	Y		,
Employer/Occupation/Labor Organization*  Candidate's Family					_		_1						_ـــــــــــــــــــــــــــــــــــــ	لــــــــــــــــــــــــــــــــــــــ	Amt. Incurred t	his Deriod
From Whom Received										Prio	r Am		000.	ഹ	Ami. incuited i	ins r criod
Michael Brown							_			_		7,0	<u>iųo.</u>	00	Outstanding Ba	lance
Address																7,000.00
23230 Chagrin Blvd	State	Zip Code		T on	ns Recei	ved Th	is Pe	riod -			- Payments This Period					
City Beachwood		44122		Loa	Date	ivea iii			Amount			Da			A.	mount
Date Loan was originally	M	D Y	. N	1	_ D _	Y		\$		М		- D	-	Y	\$ -	
Incurred	0 7	1 2 0	4			11	_			M	-	D	+	Y	<del></del>	
Registration Number, if PAC			У	А	- D	Y			-	I **	1	- 1	-		ļ	
					D	Y				M	1	D	十	Y		
Employer/Occupation/Labor Organization*			r	V1		1		-	-			-				
Candidate's Family Prior Amount Amt. Incurred this Period 16,800.00																
From Whom Received Greg Brown							-16,	<u>8UU</u>	.UU	Outstanding B	alance					
Address 16,800,00																
7333 Wilson Mills Rd.																
City State Zip Code				Loans Received This Period  Date Amount						ł	Date Amount					
Chesterland Date Loan was originally	<u>ГО</u> Н		Y .	М	T- D	· Y	7	\$		N	Л	- D	1	Y	\$	
Incinted  Tate Foan was originary	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$ 7	2 2 0				1.					_	$\downarrow$	_	<del></del> _	<del> </del>	
Registration Number, if PAC	<u>: 0   7</u>	1212		М	_ D .	. Y	7		-	N	VI.	_ D	-	Y	1	
					1	٠.,	_	<b>⊢</b> -			и	D	+	Y	+	
Employer/Occupation/Labor Organization*			ı	M	- D	_   Y	1	ļ		,	*^		1	1		
Candidate's Family																
* 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 ormore employees donate via payroil deduction and exceed the aggregate of the state of the sta																
the employees are members, if any, must appear. R.C. 3517.10(B)(4)																
									1. 14. 4h. C4	atamant a	€Oth	er Incon	ne (Fo	nm No	o. 31-A-2).	
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).																
Transfer total of all payments made in this	period to t	the Statement o	1 Expend	ntures	(rom 1	NO. 31-E	J). 11	caretet	TOME OFFICERED F	,		•	- `			
26 570 20																

1 Total prior amount \$	36,579.29
2 Total received this period \$	0.00 (To Form No. 31-A-2)
3 Total Payments this Period \$	0.00 (also record on Form 31-B)
4 Total Outstanding Balance \$	36,579.29 (To Form No. 30-A)