Page 10

Statement of Loans Received

Prescribed by Secretary of State3/05

5 T T T T T T T T T T T T T T T T T T T													
Full Name of Committee													
Ieffrey M. Brown for Judge Prior Amount Amt. Incurred this Period													
Rita Brown						Prior An		00.00	Amt. Incurred this Period 0.00				
Address						5,000.00			Outstanding Balance				
126 Aldrich Rd.									*.			5,000.00	
City State Zip Code Loans Received This Period				•	Payments This Period								
Columbus	OH	43214	1		Date Amou			Amount	Date			Amount	
Date Loan was originally	M	D	Y	M	D	Y	S		Μļ	Ð	Y	\$	
Incurred	0 2	110	116								1		
Registration Number, if PAC				M	D 	Y			M	D	Y		
Employer/Occupation/Labor Organization*				Mj	D	Y	1		M)	D	Y		
							<u> </u>			-			
From Whom Received									Prior Amount			Amt. Incurred this Period	
Address							Outstanding Balance						
City	State	Zip Code	:	Loans Received This Period			Payments This Period						
					Date			Amount	Date			Amount	
Date Loan was originally Incurred	M	Đ	Υ	М	Q 	Y	s		M	D	Y	S	
Registration Number, if PAC			M	Ð	Y			М	D	Y			
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y			
From Whom Received Prior Amount Amt. Incurred							Amt. Incurred this Period						
Address Outstanding Balance								Outstanding Balance					
Ciņ·	State	Zip Code	:	Loans Received This Period Date Amount			Payments This Period Date Amount						
Date Loan was originally	M	D	Y	M	D	Y	s		M!	D	Y	S	
Incurred										1			
Registration Number, if PAC			M	D	Y		·	M	Đ	Y			
Employer/Occupation/Labor Organization*			M	D	Y	1		М	D I	Y			
						<u> </u>	1		1		<u> </u>	l	

If a loan is forgiven, write "Forgi	iven" in the "Outstanding Balance" spa	ice. Transfer total of all loans i	received this period to the St	atement of Other Income (I	form No. 31-A-2)
Transfer total of all payments ma	ide in this period to the Statement of E.	xpenditures (Form No. 31-B).	Transfer Total Outstanding	Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	5,000.00	
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-E
4	Total Outstanding Balance \$	5,000.00	(To Form No. 30-A)

^{*} 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 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)