R.C. 3517.10

Page 10

## Statement of Loans Received

			P	rescribed	by Secre	tary of S	tate3/05					
Full Name of Committee												·
leffrev M. Brown for	ludge											
From Whom Received											Barrier Barrier	
Rita Brown									moun 5 f	00.00	Amt. Incurred this Period 0.00	
Address										300.00	Outstand	U.UC
126 Aldrich Rd.									3	e	Outsiand	5,000.00
City	State	Zip Code	Lo:	ans Recei	ved Thi	s Period						
Columbus	O H	43214	Loans Received This Period  Date Amount					Payments This Period Date Amount				
Datelloan was originally in the linear section of the linear secti	М: 0 2	D Y 1 0 1 6	М	D	Y	5		М	D	Y	S	Amount
Registration Number, if PAC		11 011:0	M	D	Y	<del>-                                    </del>		1	D	1 37	<b>}</b>	
<u> </u>								М		Y 1.	1	
Employer/Occupation/Labor Organization*			M	D	Y	† -		М	D	Y	<del>                                     </del>	
From Whom Received				<u>!</u>	1 '			†	1 :	1 !	<u> </u>	
								Prior Ai	nouni		Amt. Ince	urred this Period
Address								3 de			Outstandi	ing Balance
City State Zip Code Loans Received This Period							Payments This Period					
Detail			ļ	Date			Атоил		Dat			Amount
DatelLoan was originally as a lineurred	M	D   Y	М	Đ	Y	S		М	D	Y	S	
Registration Number, if PAC			М	Đ	Y	<del>                                     </del>		M	D	Y	<del></del>	
E				!		_						
Employer/Occupation/Labor Organization*			M	Ð	Y			M.	D	Y		
From Whom Received					<u> </u>	<u>.                                    </u>		Prior An	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
4.11		· .				<u>.                                    </u>		IFIIO: All	iouni		Ami. Incu	rred this Period
Address											Outstandii	ng Baiance
City	State Zip Code Loans Received This Period						Payments This Period					
Details of the second				Date			Атоипт		Date			Amount
Date Loan was originally incurred the	M;	D Y	M	D	Y	5		М	D	Y	\$	
Registration Number, if PAC			M:	Ð	Y			М	D	Ý		
Employer/Occupation/Labor Organization*			M;	D	Y	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	M:	Ď	Y		
				1	1				;	; !		
Required for contributions over \$100 to statif any, rather than employer should be listed, the employees are members, if any, must app	If two on	more employees dor	candidate	es. If contrayroll ded	ibutor is uction an	self-emp	loyed, occupation a the aggregate of \$	nd the name	of the ind	lividual's b	usiness. ich	
If a loan is forgiven, write "Forgiven" in the	'Outstand	ing Balance" space	Transfer	total of all	Inans re	reived th	is nariod to the State	iamani af O:	L. 1	. 75. 33	31.4.0	

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).

1	Total prior amount \$	5.000.00		
2	Total received this period \$	0.0	00	(To Form No. 31-A-2)
3	Total Payments this Period 5	0.0	00	(also record on Form 31-B)
4	Total Outstanding Balance \$	5.000.6	00	(To Form No. 30-A)