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## Statement of Loans Received

Prescribed by Secretary of State3/05

							-					
Full Name of Committee	م حامی											
Jeffrev M. Brown for Ju	aage								Prior Am	o.mvt		Amt. Incurred this Period
From Whom Received							FHO An		00.00	0.00		
Rita Brown									St. 152 12			
Address												Outstanding Balance 5,000.00
126 Aldrich Rd.	0	la: o :		τ					100 A	S. C		
City Columbus		Zip Code 43214		Lea	ns Receiv Date	ced This	Period	Amount		Dat	•	ents This Period Amount
Date Loan was originally	М	D	Y	М	D	Y.	s		M	D.	Y.	S
Incurred	0   2	1 0	1 6			1	<u> </u>					
Registration Number, if PAC				M:	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received	<del>,</del>			-			•		Prior An	nount		Amt, Incurred this Period
Address	· · · · · · · · · · · · · · · · · · ·								\$100 kg			Outstanding Balance
City	State Zip Code Loans Received This Period Date Amount					Payments This Period Date Amount						
Date Loan was originally Incurred	М	D	Y	М	D	Y	S		M	D	Y	\$
Registration Number, if PAC	<u> </u>	<u> </u>	<del>-1</del>	М	D	Y			М	D 	Y	
Employer/Occupation/Labor Organization*	·			М	D	Y			М	D	Y	
From Whom Received			· <u>·</u>	<del>-</del>	<u> </u>				Prior Ar	nount		Amt. Incurred this Period
Address			<u> </u>									Outstanding Balance
City	State	Zip Cod	le	Lo	ans Recei Date	ived This	Period	Amount	120-40-5	Da	•	nents This Period Amount
Date Loan was originally	MI	D	Y	М	D	Y	s		М	D	Y	S
Incurred %		1										·
Registration Number, if PAC	<del></del>			М	D	Y	1		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	1		М	D	Y	

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).

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-B
4	Total Outstanding Balance \$	5,000.00	(To Form No. 30-A)

<sup>\*</sup> 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)