

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Jeffrey M. Brown for Judge												
From Whom Received Rita Brown								Prior Amount 5,000.00		Amt. Incurred this Period 0.00		
Address 126 Aldrich Rd.										Outstanding Balance 5,000.00		
City Columbus		State OH	Zip Code 43214		Loans Received This Period					Payments This Period		
					Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		2	1	0	1	6						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
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	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
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	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* 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 or more 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)

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).

- Total prior amount \$ 5,000.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 5,000.00 (To Form No. 30-A)