## FOR PAPER FILING ONLY

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## Statement of Loans Received

Full Name of Committee								_								
Brown for Board of Education	_															
	a	······································					-	_								
Prom Whem Received Nita Brown										Prio	r Am	ousi				Annt. Incurred this Period
								_				_	9,	500	.00	0.00
Address									•							Outstanding Balance
26600 George Zieger Drive, #		·	·					_								0.00
City	State	Zip Code	i	Lou			The P	erle	=	1				Pays	pupts This Period	
Beachwood		44122	1_		Des	:		_	Athoust	Date			!		Amount	
	0 7	D Y 1 2 0 4	*		D		Y		S	м 1	2	3	1	1	8	s FORGIVEN
Registration Number, if PAC			M		D		٧			M				Ĭ		
Employer/Occupation/Labor Organization <sup>a</sup>			M		D		٧			Z		ľ		ľ		
From Whom Received										Prio	r Am					Amt. Incurred this Period
Marilyn Brown													16,5	79.	29	0.00
Address								_								Outstanding Balance
34 W Poplar Ave																16,579.29
City	State	Zip Code	T	Lee	ns Rocc	hod	This Pe	,	4	Payments This Period						
Columbus	OH	43215	ł		Dus	•			Amount		Date Amount					
· · · · · · · · · · · · · · · · · · ·	M 0 7	D Y 1 2 0 4	М		D		Y		S	М		1		Y		S
Registration Number, if PAC		<del></del>	м		Р	1	Y	1		×		ľ		Y	T	
Baseloyer/Occupation/Labor Organization*			M		D		Y			М		ı		Y		
From Whom Received										Prio	Ame	ne de				Ant. Increred this Period
Michael C. Brown		<u>-</u>											9,0	000.	00	0.00
Address																Outstanding Balance
23200 Chagrin Blvd																9,000.00
City		Zip Code	Π	Len	so Rocc	lved	This Pe	rle	4						Paye	pais This Period
Beachwood	OH	44122			Date	· 			Amount	Date					Amount	
	M 0 7	D Y 1 2 0 4	м		D	7	Y	1	S	М		· 6		Y		3
Registration Number, if PAC	<u></u>	<del></del>	М		D	1	Y	1		м		1		Y		
Employes/Occupation/Lubor Organization*			۳		P	7	Y	1		М		1		¥	Γ	
* Required for contributions over \$100 to statewiste and general assembly considence. If contributor is self-employed, occupation and the same of the individual's business, if any, rather than employer about the listed. If two emore confloyers dones via payroll deduction and exceed the aggregate of \$100, the labor organization of which																

If a loss is forgives, write "Forgives" in the "Outstanding Balance" space. Transfer total of all tosses 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).

٠	Total prior amount 3	33,079.29		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period S		0.00	(also record on Form 31-B
4	Total Custanding Balance \$	25,57	79.29	(To Form No. 30-A)