FOR PAPER FILING ONLY

Page

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee					<u> </u>			· · · · · · ·					
Brown for Board of Ed	lucat	ion											
From Whom Received								Prior An	nount		Amt. Incurred this Period		
Evan Brown								10,7	48.00		0.00		
Address									,		Outstanding Balance		
33985 Blue Heron Dr.												10,7	48.00
City	State	State Zip Code Loans Received This Period							Payments This Period				
Solon	OF	O H 44139			Date Amount				Date			Amount	
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Incurred	0 7	1 2	$0 \mid 4$			į				1			
Registration Number, if PAC				М	D	Y	1		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y	-		М	D	Y		
												A 17 145 D. C. 4	
From Whom Received									Prior Amount 29,300.00		Amt. Incurred this Period		
Greg Brown Address							29,3	00.00	Outstanding Balance	0.00			
												•	00.00
3901 Superior Ave E City State Zip Code Loans Received This Period						29,300.00							
Cleveland		1 4411		Loans Received This Period Date Amount				Payn Date			nents This Period Amount		
Date Loan was originally	M	D .	Y	М	D	Y	S		M	D	I Y	S	
Incurred	0 7	1 :					ľ						:
Registration Number, if PAC	0 7	1 4 4	. 10 4	М	D	Y	+		М	D	Y		
							j					J	
Employer/Occupation/Labor Organization*				М	D	Y	+		М	D	Y		
				i.									
From Whom Received				-			-		Prior An	nount		Amt. Incurred this Period	
Eric Brown									13,000.00			0.00	
Address										Outstanding Balance			
34 W Poplar Ave												13,0	00.00
City State Zip Code Loans Received This Period							Payments This Period						
Beachwood	OF	4412	.2	Date Amount						Date Amount			
Date Loan was originally Incurred	м 1 С	D 1	1 1	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC		<u> : -</u>	<u> ; -</u>	М	D	Y			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 normants made in this paried to the Statement of Evranditures (Form No. 31 B). Transfer Total Outstanding Relance to the cover page (Form No. 30 A)

1	Total prior amount \$	53,048.00		
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 \$	53,04	8.00	(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)