

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Brown For Judge Committee											
From Whom Received Nita Brown						Prior Amount 7,000.00		Amt. Incurred this Period			
Address 23360 George Zeiger Dr								Outstanding Balance 7,000.00			
City Beachwood		State O H		Zip Code 44122		Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$	
0 7 1 2 0 4											
Registration Number, if PAC						M	D	Y			
Employer/Occupation/Labor Organization* Candidate's Family						M	D	Y			
From Whom Received Evan Brown						Prior Amount 8,248.00		Amt. Incurred this Period			
Address 33985 Blue Heron Dr								Outstanding Balance 8,248.00			
City Solon		State O H		Zip Code 44139		Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$	
0 7 1 2 0 4											
Registration Number, if PAC						M	D	Y			
Employer/Occupation/Labor Organization* Candidate's Family						M	D	Y			
From Whom Received Marilyn Brown						Prior Amount 12,779.29		Amt. Incurred this Period			
Address 34 W. Poplar								Outstanding Balance 12,779.29			
City Columbus		State O H		Zip Code 43215		Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		\$	
Registration Number, if PAC						M	D	Y			
Employer/Occupation/Labor Organization* Candidate's Family						M	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 \$ 28,027.29
- 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 \$ 28,027.29 (To Form No. 30-A)