Statement of Loans Received

			Prescribed by Secretary of State 3/05		
Full Name of Committee Committee for Chris Brow	n for Jud	lge			,
From Whom Received Rosalin Miesel	Prior Amount \$0.00	Amt. Incurred this Period \$400.00			
Address 6449 Hilltop Ave.					Outstanding Balance \$400.00
City Reynoldsburg	OH Sr are	Zip Code 43068	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	0 5	1 6 1 4	0 5 1 6 1 4 \$400.00	M D Y	s
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	St ate OH	Zip Code	Louns Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	M	D Y	M D Y S	M D Y	s
Registration Number, if PAC		· · · · · ·	M D Y	M D Y	
Employer/Occupation/Labor Organization	on*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	M	D Y ₁	M D Y S	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*			M D Y	M D Y	
 Required for contributions from in the individual's business, if any, ra 	ndividuals ther than e	over \$100 to statewi mployer should be li	de and general assembly candidates. If contrib sted. If two or more employees contribute via	utor is self-employed, the oc payroll deduction and exceed	cupation and the name of I the aggregate of \$100, the

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 Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$ \$0.0	_	
² Total received this period S	\$400.00	(To Form No. 31-A-2)
³ Total payments this period S _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$400.00	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]