31-C R.C.3517.10

## FOR PAPER FILING ONLY Statement of Loans Received

Page 2

## Prescribed by Secretary of State 3/05

Full Name of Committee													
Friends of Marilvn Brown													
From Whom Received			Prior Amount					Amt, Incurred this Period					
Evan M Brown							2,000.00			00.0	00	0.00	
Address												Outstanding Bahmee	
33985 Blue Heron Dr												2,000.00	
City State Zip Code	Loa	Loans Received This Period			1					nents This Period			
Solon - OIH 44139		Date Amount			Date					Amount			
Date Loan was originally M D Y	М	D	Y		S		M	- [	D	Y		S	
Incurred 0 7 1 0 0 6	ı							$\perp$			<u> </u>		
Registration Number, if PAC	М	D	Y				М		D	Y			
Employer/Occupation/Labor Organization*	мі	bi	Y		1		М	-	Dİ	ΤŢ	∺	<del>  -                                   </del>	
		-			1							l .	
From Whom Received		<u> </u>	<del>'</del> '	_	<u> </u>	<del></del>	Prior	Amou	nt :	٠.	-	Amt, Incurred this Period	
Address							┢					Outstanding Balance	
												•	
City State Zip Code	Los	us Receiv	ed This	Peri	ind		1	Payments This Period					
		Date		• • • • • • • • • • • • • • • • • • • •	~~	Amount		Date		• =,•	Amount		
Date Loan was originally M D Y	MI	DI	Y		S		М		D]	Y	i	S	
Date Loan was originally M D Y Incurred		1 !					1	1	1				
Registration Number, if PAC	M	ÐΪ	ΙΥİ		†		M	一	Di	Y	Ì		
			1 1					- 1					
Employer/Occupation/Labor Organization*	М	ÐΪ	Υİ		1		Mi		Di	Y	İ		
			1 1					1			l	į į	
From Whom Received		<u> </u>	<u> </u>	•	<u>.                                    </u>		Prior	Amou	nt	_	<u> </u>	Amt, Incurred this Period	
Greg H Brown									1,0	00.0	00	0.00	
Address	•						1		1,0		Ť	Outstanding Balance	
3901 Superior Ave												1,000.00	
City State Zip Code	Los	ans Receiv	ad Thic	Peri	ind		_			-	Pavi	ments This Period	
Cleveland Ol H 44114	1.00	Date	CO IIIIS		~~	Amount			Dat	c		Amount	
Date Loan was originally M D Y	MI	DI	Τyi		S		МІ	Т	ÐΙ	ΙY	Ī	Is	
Date Loan was originally		1 1			ľ								
Registration Number, if PAC	мі	Di	Y		1		мі	┪	ÐΪ	ĺγ	i	-	
	"	1 1											
Employer/Occupation/Labor Organization*	MI	Βİ	Y		1		M	寸	Di	Y	i		
					1				1				
		-	: t				_	<del></del>	-			-	

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 \$	3,000.00	
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-B
4	Total Outstanding Balance \$	3,000.00	(To Form No. 30-A)

<sup>\*</sup> 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)