31-A-2
R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Friends of Marilyn Brown

Full Name	Registration Number, if PAC			
Marilyn Brown				
Address	**Type***	**M / D / Y**	**Amount**	
34 W Poplar	L N	06 13 11	800.00	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	
Columbus	O H	43215	Check	

Full Name	Registration Number, if PAC			
First Data				
Address	**Type***	**M / D / Y**	**Amount**	
P.O. Box 5180	R E	06 23 11	19.95	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	
Simi Valley	C A	93062	EFT	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

Full Name	Registration Number, if PAC			
Address	**Type***	**M / D / Y**	**Amount**	
City	**State**	**Zip Code**	**Form (Cash, Check, etc)**	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ 819.95