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R.	C.	3517.10

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Page	

Statement of Loans Received

Prescribed hu Secretary of State 3/05

Tit (Compile)									 -		_		.		
ull Name of Committee Friends of Marilyn Bro	าพท														
				_					Prior A	mount			Amt. Inc	nred this Period	
From Whom Received Marilyn Brown								0.00			0.00				
iddress													Outstand	ng Balance	
34 W Poplar Ave														800.00	
ity	State	Zip Code		Loa	ns Receive	ed This P	eriod		1		_	Pay	ments This		
Columbus		43215	- 1		Date			Amount	Date			** :	14	Amount	
Date Loan was originally	M	D	Υ	M	D	Y	\$		M	D		Y	\$		
ncurred	0 6	1 3	1 1	0 6	1 3	1	1	800.0		4	₩		1		
Registration Number, if PAC	10,10			М	D	Y			M	D		Y	1		
									1		! 	<u> </u>	┼		
Employer/Occupation/Labor Organization*				M	D	Y	1		M	D		1	1		
									D-as	1	į į		Amt Inc	urred this Period	
rom Whom Received									Prior A	Amount			HIN. LIK	att ba with t octor	
_											_		Outstand	ting Balance	
Address													0 0 13 14 11	,	
												p _a	ments Thi	Period	
City	State	Zip Code		Lo	ms Receiv	ed This	Period	Amount	1	Payments This Period Date Amount					
	1	 _		171	Date	YI	ŝ	Amount	M	T		Y	T\$		
Date Loan was originally	M	D	Y	М	D	1	3			٦	1 1				
Incurred	l l	<u> </u>		1	+ +	+ 			M	-	╁┤	Y	+		
Registration Number, if PAC				M	D	'	ł				1				
				Mi	D		+		M	- -	1	Y	<u> </u>		
Employer/Occupation/Labor Organization*				M	"	*				- 1					
		_							Prior	Amount			Amt. In	curred this Period	
From Whom Received									- [
													Outstar	ding Balance	
Address													_		
	T 64-4-	7in Codo		7.	ans Recei	and Thin	Poriod					Pa	yments Th	is Period	
City	State	Zip Code		Lo	ams Kecer Date		renou	Amount	- I		D ate		_	Amount	
	MI	Di	<u> </u>	MI	DI	Y	Ś		М	1)	Y	\$		
Date Loan was originally Incurred	, MI	"		'"					. [
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Registration Number, if PAC				"							<u> </u>	<u> </u>			
The I will a secretary the Charge seign stick				M	D	Y			М	T	D	Y	1		
Employer!Occupation!Labor Organization*				1		- 1	. .		1		1				

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 \$	0.00						
2	Total received this period \$	800.00	(To Form No. 31-A-2)					
3	Total Payments this Period \$	0.00	_ (also record on Form 31-B)					
4	Total Outstanding Balance \$	800.00	(To Form No. 30-A)					

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)