31-C R.C. 3517.10

## FOR PAPER FILING ONLY

D	
Page_	

## **Statement of Loans Received**

					PT	escribed b	y secre	ary	or State	50100							
Full Name of Committee																	
Friends of Marilyn B	row	n															
From Whom Received											Prior A	mour			Amt. Inci	urred this P	
Evan M Brown													2,00	00.00			0.00
Address															Outstand	ing Balance	
33985 Blue Heron Di															Ĺ	2	00.000,
City	State	: Z	Zip Cod	e	Lo	ans Recei	ved Thi	s Pe	eriod					Paymo	ents This	Period	
Solon	O I	$\mathbf{I}^4$	1413	9		Date				Amount			Date			Amount	
Date Loan was originally Incurred	$\begin{bmatrix} M \\ 0 \end{bmatrix}$	7	1 0	$\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix} 6$	M	D'	Y	5	\$		M		D	Y	\$		
Registration Number, if PAC		-			М	D,	Y				М		D	Y	_		
Employer/Occupation/Labor Organization*	···········				М	D	Ÿ	1	•		М		D	Y			
From Whom Received						<u> </u>	<u>'</u>	_			Prior A	mou	nt	<del></del>	Amt. Inc	urred this P	eriod
Evan M Brown													5,00	00.00			0.00
Address				-									Í		Outstand	ing Balance	;
33985 Blu Heron Dr																5	.00.000
City	State	: Z	Zip Cod	e	Lo	ans Recei	ved Thi	s Pe	eriod			Payments This Period					
Solon	loli	$\mathbf{I}$	4413	9		Date				Amount			Date			Amount	
Date Loan was originally Incurred	М		0 4	Y	М	D	Y	Ś	\$		М		D	Y	S		
Registration Number, if PAC	111	<u> </u>	Ola	10 0	М	D	Y	ı		_	M	1	D.	Y			
Employer/Occupation/Labor Organization*	:				М	D	Y	1			М		D'	Y			
								_			<u>.</u>	1		- (	Amt Inc	urred this P	eriod
From Whom Received							Prior P						0.00				
Greg H Brown											1	1,000.00 0.00 0.00					
Address 3901 Superior Ave															Outstand	-	,000.00
City	State	2	Zip Cod	le	Lo	ans Recei	ived Th	s P	eriod					Payme	ents This	Period	
Cleveland	loli	$\exists$	4411	4		Date				Amount			Date			Аточп	l
Date Loan was originally	М	$\downarrow$	D	Y	М	D	Y	1	\$		M		D	Y	\$		
Incurred ( )	0	8	1   7	0 6		13	1	4		<del></del>	M	+	D	Y	<b>—</b> —	•	
Registration Number, if PAC					M	l D	Y	1			IVI			1			
Employer/Occupation/Labor Organization*	•				М	D	Y				М		D	Y			
		_						I									
* Required for contributions over \$100 to s	tatewi	la or	nd aero	ral accami	hlv candic	dates If or	antribute	r is	self-em	noloved, occupatio	n and the	name	of the	individua	l's busines	is,	
if any, rather than employer should be liste	a ien	ne al	more e	nnlovees	donata tii	a naveoll 2	deduction	s	d exce	ed the aggregate of	\$100 the	labo	L OLNSU	ization of	which		
if any, rather than employer should be liste					conate VI	a payton t	acauciio.	att	.a caece	uggregate or	J. 00, 1116						

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 \$	8,000.00		
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 \$	8,00	00.00	(To Form No. 30-A)

the employees are members, if any, must appear, R.C. 3517.10(B)(4)