FOR PAPER FILING ONLY

Page	

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee																	
Friends of Marilyn Brown																	
From Whom Received											T-	rior A	Amou	int			Amt. Incurred this Period
Evan M Brown								2,000.00					0.00				
Address												Outstanding Balance					
33985 Blue Heron Dr									2,000.00								
City		Zip Cod			Loans Received This Period											Payr	ments This Period
Solon	OH			1		Date	e			Amount				Da	te		Amount
Date Loan was originally Incurred	м 0 7	1 ($\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix}$	6	Л	D		Y		\$		М		D	Y		\$
Registration Number, if PAC				N	М	D		Y		•		M		D	Y		
Employer/Occupation/Labor Organization*				N	А	D		Y	7			М		D	Y		
From Whom Received										 	F	rior A	Amou	unt	_		Amt. Incurred this Period
Address											Outstanding Balance						
City	State	Zip Cod	e	T	Loans Received This Period Date Amount								Dar	te	Payı	ments This Period Amount	
Date Loan was originally Incurred	М	D	Y	N	Л	D		Y	\rceil	\$		М	T	D	Y		s
Registration Number, if PAC				V	Л	D		Y	7		\neg	М	7	D	Y		
Employer/Occupation/Labor Organization*				N	А	D	7	Y	1			М	7	D	Y		
From Whom Received											F	rior A	Amou	mt			Amt. Incurred this Period
Greg H Brown											1			1,0	000.	00	0.00
Address Outstanding Balance							· ·										
3901 Superior Ave																	1,000.00
City	State Zip Code Loans Received This Period							Payments This Period									
Cleveland	O H			\perp	Date Amount								Dat	te		Amount	
Date Loan was originally Incurred	м 0 8	D 1 7	7 0	6	1	D		Y		\$		М		D	Y		S
Registration Number, if PAC				1	Л	D	7	Y	1			М		D	Y		
Employer/Occupation/Labor Organization*				N	И	D		Y				М		D	Y		

If a loan is for given, write "For given" 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)

^{*} 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)