FOR PAPER FILING ONLY

Page	

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee												
	7547#7											
Friends of Marilyn Brown							Prior Amount			Amt. Incurred this Period		
Evan M Brown								00.00	0.00			
Address							 ,0		Outstanding Balance			
33985 Blue Heron Dr												2,000.00
City	State	Zip Code		Los	ans Receive	ed This Pe	niod				Pav	ments This Period
Solon	ОН	44139)	Loans Received This Period Date Amount			Amount	Date			Amount	
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$
Incurred	0 7	1 0	0 6									
Registration Number, if PAC		· · · · · · · · · · · · · · · · · · ·	'	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	\dagger		М	D	Y	
From Whom Received						Prior Amount Amt. Incurred this Period			Amt. Incurred this Period			
Address												Outstanding Balance
City	State	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC			!	М	D	Y	†		М	D .	Y	
Employer/Occupation/Labor Organization*			М	D	Y	1		М	D	Y		
From Whom Received					1				Prior An	nount		Amt. Incurred this Period
Greg H Brown										1,0	00.00	0.00
Address		· -										Outstanding Balance
3901 Superior Ave												1,000.00
City	State	Zip Code		Lo	ans Receiv	ed This Pe	riod				Pay	ments This Period
Cleveland	OH	44114	<u> </u>		Date			Amount		Da	te	Amount
Date Loan was originally Incurred	м 0 8	D 7	Y 0 6	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	0 0	11/	0 0	M	D	Y	1		М	D	Y	
Employer/Occupation/Labor Organization*				M	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\$	0.0	(To Form No. 31-A-2)
3	Total Payments this Period\$	0.0	(also record on Form 31-B)
4	Total Outstanding Balance \$	3,000.0	(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)