## FOR PAPER FILING ONLY



## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee						
Friends of Marilyn Brown						
From Whom Received		Prior Amount	Amt. Incurred this Period			
Nita Brown		5,000.00	0.00			
Address			Outstanding Balance			
26600 George Zieger Drive, #405			0.00			
City State Zip Code	Loans Received This Period	Payı	Payments This Period			
Beachwood O H 44122	Date Amount	Date	Amount			
Date Loan was originally M D Y	M D Y S	M D Y	\$			
Incurred 0 6 2 1 0 6		0 1 0 1 1 8	Forgiven			
Registration Number, if PAC	M D Y	M D Y				
Employer/Occupation/Labor Organization*	M D Y	M D Y				
From Whom Received		Prior Amount	Amt. Incurred this Period			
Nita Brown		1,000.00	0.00			
Address			Outstanding Balance			
26600 George Zieger Drive, #405			0.00			
City State Zip Code Loans Received This Period		Payments This Period				
Beachwood OH 44122	Date Amount	Date	Amount			
Date Loan was originally M D Y	M D Y S	M D Y	<b>S</b>			
Incurred 1 1 0 3 0 6		0 1 0 1 1 8	Forgiven			
Registration Number, if PAC	M D Y	M D Y				
Employer/Occupation/Labor Organization*	M D Y	M D Y				
			]			
From Whom Received Prior Amount Annt. Incurred this Period						
Michael C. Brown		5,000.00	0.00			
Address Outstanding Balance						
23200 Chagrin Blvd			5,000.00			
City State Zip Code	Loans Received This Period	Perv	nents This Period			
Beachwood O H 44122	Date Amount	Date	Amount			
Date Loan was originally M D Y	M D Y \$	MIDIY	s			
Incurred 0 9 1 3 0 6						
Registration Number, if PAC	M D Y	M D Y				
			j			
Employer/Occupation/Labor Organization*	M D Y	M D Y				
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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 \$	11,000.00		
2	Total received this period\$	0.0	00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.0	00	(also record on Form 31-B)
4	Total Outstanding Balance \$	5,000.0	00	(To Form No. 30-A)

<sup>\*</sup> 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)