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Statement of Loans Received

Prescribed by Secretary of State3/05

			.,	,							
Full Name of Committee											
Friends of Marilyn Brown From Whom Received						In.:	. 6	4			Amt, Incurred this Period
Evan M Brown						mo	r Amo		000.	٥٥	Amt. Incurred this remod
Address								ا,ک	JUU.	.UU	Outstanding Balance
33985 Blue Heron Dr											2,000.00
Solon State Zip Code O H 44139	Loa	Loans Received This Period Date Amount				Раут Date				ments This Period Amount	
Date Loan was originally M D Y Incurred 0 7 1 0 0 6	M	D	Y	\$		М		D	Y	7	\$
Registration Number, if PAC	М	D	Y			М		D	, I	7	
Employer/Occupation/Labor Organization*	М	D	Y			М		D	7	?	
From Whom Received	-	1 !	1 !			Prior	Amo	runt	- I		Arnt, Incurred this Period
Evan M Brown								5,0	000.	.00	0.00
Address										. 1	
33985 Blu Heron Dr									1		5,000.00
City State Zip Code	Loa	ms Receive	ed This Po	erriod						Payr	nents This Period
Solon O H 44139	1.0	Date	1 77 1	T.	Amount			Da		- 1	Amount
Date Loan was originally M D Y Incurred 1 0 0 4 0 6	5 M	D	Y	Ş		М		D	Y		\$
Registration Number, if PAC	М	D	Y			М		D	Y	7	
Employer/Occupation/Labor Organization*	М	D	Y			М		D	Ā	7	
From Whom Received						Prior	Amo	unt		-!	Amt. Incurred this Period
Greg H Brown								1,0	000.	.00	0.00
Address 3901 Superior Ave										the state of the s	Outstanding Balance 1,000.00
City State Zip Code	Loa	ms Receive	d This Pe	riod						Payr	nents This Period
Cleveland OIH 44114		Date			Amount			Da	te		Amount
Date Loan was originally M D Y Incurred 0 8 1 7 0 6	М	D	Y	\$		М		D	Y		\$
Registration Number, if PAC	M	D	Y			М		D	Ÿ	-	
Employer/Occupation/Labor Organization*	М	D	Y		·	М		D	Y	'	1
X D	T(C 141						

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 \$	8,000.00	(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)