## FOR PAPER FILING ONLY Statement of Loans Received

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Friends of Marilyn Brown  From Nam Received  Evan M Brown  Attress  2,000.00  Attress 33985 Blue Heron Dr  Cov Solon  Ol H  44139  Date Loan was originally  M D V M D V  Employer/Occupative Labor Organization*  From Whom Received  Cov Substanting Babnes  Amount  And Loars Received This Period Amount  And D V M D V M D V M  And Loars received the Period  Cov Cov Cov Cov Cov Cov Cov Cov Cov Co						Prescribed	1by Secre	tary of	State3/05						
From March Received  Evan M Brown  Same   Zy,000,00   Address   Same   Zy,000,00   Am   Discrete   Date   Date   Amount   Date   D	Full Name of Committee														
Evan M Brown  Address  Solon	Friends of Marilyn Br	own													
Address 33985 Blue Heron Dr  Cry Solon OlH 44139	From Whom Received							Prior An				ncurred this Period			
33985 Blue Heron Dr Cry Solon Ol H 44139 Loans Received This Period Date Amount Date Loan was originally Incurred The Period Date Amount Date Comparison Number, FPAC Incurred Date Amount Date Loans Received This Period Date Amount Date Loans Received This Period Date Amount Date Loans Received This Period Date Amount Date Loan was originally M D Y M D Y S Date Amount Date Loan was originally M D Y M D Y S Date Amount Date Loan was originally M D Y M D Y S Date Amount Date Loan was originally M D Y M D Y M D Y S Date Amount Date Loan was originally M D Y M D Y M D Y S Date M D Y S Date Amount Date Corporation Date Amount Date Loan was originally M D Y M D Y M D Y M D Y M D Y S Date M D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D Y M D D WAS DATE BROWN DATE Amount Date Loan was originally M M D D Y M D D Y M D D Y M D D Y M D D Y M D D D M D D D M D D D M D D D M D D D M D D D M D D D M D D D M D D D D D M D D D D D D M D	Evan M Brown							2,0	00.00		0.	.00			
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City State   ZipCode   Loans Received This Period   Date   Amount   Date   Loans was originally   M   D   Y   M   D   Y   S   M   D   Y   S    Employer/Occupation/Labor Organization*   M   D   Y   M   D   Y   M   D   Y   M   D   Y    Employer/Occupation/Labor Organization*   M   D   Y   M   D   Y    From Whom Received   Greg H Brown   Address   Solution   State   Signature   State   Signature   State   Signature   Signature   State   Signature   State   Signature   State   Signature   State   Signature   Signature   State   Signature   Signature   Signature   State   Signature													<u> </u>		
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Date Loan was originally M D Y M D Y M D Y S  Incurred  Registration Number, IPAC  Employer/Occupation/Labar Organization*  M D Y M D Y M D Y  From Whom Received  Greg H Brown  Address  3901 Superior Ave  Cty  Cty  Cleveland  O   H   44114   Date   Date	City	State	Zip Code		Lo	ans Receiv	ed This P	eriod		j	Payments This Period				
Registration Number, if PAC  M D Y M D Y  From Whom Received  Greg H Brown  Address 3901 Superior Ave  City Cleveland  Old H 44114  Date  Date  Amount  Date  Date  Amount  Date  Date  Date  Amount  Date  Date						Date			Amount		Dat	ie		Amount	
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Employer/Occupation/Labor Organization*  M D Y M D Y M D Y M D Y M D Y M D O O.00  Address  3901 Superior Ave  City  Cleveland  O H  44114  Date  Date  Amount  Date  Amount  Amount  Date  Date  Amount  Date  Amount  Date  Date  Amount  Date  Date  Date  Amount  Date  Da				<u> </u>		<u> </u>				i	<u> </u>	1	<u> </u>		
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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-E
4	Total Outstanding Bahnce \$	3,00	0.00	(To Form No. 30-A)

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