

# Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Friends of Marilyn Brown</b>													
From Whom Received <b>Nita Brown</b>								Prior Amount <b>5,000.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>26600 George Zieger Drive #405</b>										Outstanding Balance <b>5,000.00</b>			
City <b>Beachwood</b>		State <b>OH</b>		Zip Code <b>44122</b>		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
<b>062106</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received <b>Nita Brown</b>								Prior Amount <b>1,000.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>26600 George Zieger Drive #405</b>										Outstanding Balance <b>1,000.00</b>			
City <b>Beachwood</b>		State <b>OH</b>		Zip Code <b>44122</b>		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
<b>110306</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received <b>Michael C. Brown</b>								Prior Amount <b>5,000.00</b>		Amt. Incurred this Period <b>0.00</b>			
Address <b>23200 Chagrin Blvd</b>										Outstanding Balance <b>5,000.00</b>			
City <b>Beachwood</b>		State <b>OH</b>		Zip Code <b>44122</b>		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
<b>091306</b>													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

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 \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,000.00 (To Form No. 30-A)