

FOR PAPER FILING ONLY

Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown											
From Whom Received Evan M Brown						Prior Amount 2,000.00		Amt. Incurred this Period 0.00			
Address 33985 Blue Heron Dr								Outstanding Balance 2,000.00			
City Solon	State OH	Zip Code 44139	Loans Received This Period Date			Amount		Payments This Period Date			
Date Loan was originally Incurred			M	D	Y	\$		M	D	Y	\$
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			
Address								Outstanding Balance			
City	State	Zip Code	Loans Received This Period Date			Amount		Payments This Period Date			
Date Loan was originally Incurred			M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC			M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y	
From Whom Received Greg H Brown						Prior Amount 1,000.00		Amt. Incurred this Period 0.00			
Address 3901 Superior Ave								Outstanding Balance 1,000.00			
City Cleveland	State OH	Zip Code 44114	Loans Received This Period Date			Amount		Payments This Period Date			
Date Loan was originally Incurred			M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC			M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y	

* 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 or more 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)

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).

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