31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Friends of Marilyn Brown

Full Name	Type*	State	Zip Code	Registration Number, if PAC	M	D	Y	Amount	Form (Cash, Check, etc)
AT&T Address: P.O. Box 8100 City: Aurora	R E	I L	60507		0 2	1 9	1 0	305.07	Check
Greg M Brown Address: 3901 Superior Ave City: Cleveland	L N	O H	44114		0 4	2 0	1 0	50,000.00	Check
Full Name Address City									
Full Name Address City									
Full Name Address City									
Full Name Address City									
Full Name Address City									
Full Name Address City									

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ 50,305.07