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P	r	3517	10	

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Statement of Loans Received

				P	resc ri bed	by Secre	tary of	State3/05							
Full Name of Committee	· · · ·	•													
Friends of Marilyn <u>Br</u>	<u>ow</u> n														
From Whom Received									Prior	Amo				Amt. Incurred this Period	
Evan M Brown									_		2,0	00.0	00	0.00	
Address														Outstanding Balance	
33985 Blue Heron Dr									, é					2,000.00	
City	State	Zip Code		Loar	s Receiv	ed This P	eriod			Payments This Period				nents This Period	
Solon		44139			Date			Amount			Dat	e		Amount	
Date Loan was originally	M	D Y	1	M	D	Y	\$		M		D	Y		\$	
Incurred	0 7	1 0 0	6								1	i			
Registration Number, if PAC	10:1	11010		M i	D	Y			M	i -	D	Ÿ			
Employer/Occupation/Labor Organization*				м	D	Y	┪		М	1	D}	Y	Γ		
						1 1	ı					1			
From Whom Received			_		'				Prio	r Am	ount			Amt. Incurred this Period	
Evan M Brown									1		5.0	00.	00	0.00	
Address											• .		•	Outstanding Balance	
33985 Blu Heron Dr									- /	¥.,				5,000.00	
City	State	Zip Code		Loa	ıs Receiv	ed This P	eriod			Payments This Period					
Solon		44139	ŀ		Date			Amount	1	Date Amount					
Date Loan was originally	M	DY		М	DI	Ϋ́	\$		М	I	D	Y		\$	
Incurred	$ 1 _0$									İ		1			
Registration Number, if PAC	1110	10:210		Mİ	Di	Y	_		М	i	Di	Y	T		
Registration Moniber, at I Me											1				
Employer/Occupation/Labor Organization*			-+	M1	Di	Υİ	-		М	i	ÐΪ	Y	i		
Employer/Occupation/Labor Organization				•"•											
From Whom Received				. !	<u> </u>				Prio	r Am	ount			Amt. Incurred this Period	
									1			00.	00	0.00	
Greg H Brown			_			-					1,0	,00.		Outstanding Balance	
Address									4,					1,000.00	
3901 Superior Ave	1 (5-4-	Zip Code	T			1 277 . 1	,			* * .	_	•	Pain	ments This Period	
City				Loa	ns Kecer Date	ved This I	remod	Amount			Da	đe.	I dy	Amount	
Cleveland		44114		171		Y	Īć.	Hillouik	М	ı i	TDI	Ϋ́	7	Te -	
Date Loan was originally	M	DY		М	D	1	,		1 "	`	"	1		ď	
Incurred	0 8	1 7 0				 	_		M	<u> </u>	Di	 Ÿ			
Registration Number, if PAC				М	D	Y			I 141	١	الا	Ι,			
			_		1			<u></u>	—— ,		1 1	 	 _	 	
Employer/Occupation/Labor Organization*			Į	М	D	Y			М	L	D	1			
				.			L_			⊥_	<u> </u>		<u> </u>		
										. . .					
* Required for contributions over \$100 to state	vide and gen	eral assembly ca	mdidates.	. It contr	ibutor is s	elt-employ	yed, oc	cupation and the name	of the motivid	wal's t	ousmess,				

It a loan is torgiven, 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 Dutstanding 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)

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)