31-C R.C. 3517.10

FOR PAPER FILING ONLY

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Statement of Loans Received

				Pr	escribed b	y Secr	etary of	State3/05									
Full Name of Committee						-	_					_		_			
Friends of Marilyn B	rown	1															
From Whom Received							Prior A	Amount			Amt. Incurred this Period						
Nita Brown										00.00			0.00				
Address	.		O.P.							- 1				Outstandir		000.00	
26600 George Zieger									_	t a g	. n e		ir ya?			000.00	
Beachwood							ount	Payments This Period Date Amount									
Date Loan was originally Incurred	M 0 6	D 2 1	Y	М	D	Y	Ş			М	D	_	Y	\$		<u>,</u>	
Registration Number, if PAC	1010	1 1	1010	М	D	Y	1			М	D	_	Y				
Employer/Occupation/Labor Organization*				М	D	Y	t			М	D		Ý			-	
From Whom Received		_		<u> </u>	<u> </u>	<u></u>				Prior A	\mount	_		Amt. Incu	теd this Pe	riod	
Nita Brown										1,000.00					0.00		
Address 26600 George Zieger Drive, #405										Outstanding Balance 1,000,00							
City		Zip Coo		Lo	ans Recei	ved Ti	is Peri	iod					Paym	ents This I			
Beachwood		4412	22	<u> </u>	Date			Amo	ount			Date		_	Amount		
Date Loan was originally		D	Y	М	D	Y	s	•••		М	D		Y	\$			
Incurred . Hall file in the state of the sta	1 1	0 3	0 6		<u> </u>	1 1	_						.,,	<u> </u>			
Registration Number, if PAC				М	D	Y				М	D		Y	<u> </u>			
Employer/Occupation/Labor Organization*				М	D	Y				M	D		Y				
From Whom Received										Prior Amount				Amt, Incurred this Period			
Michael C. Brown								5,000.00				0.00 Outstanding Balance					
Address 23200 Chagrin Blvd										,		L.	No Pa	Outstandu		000.00	
City State Zip Code Loans Received This Period								Payments Thi									
Beachwood	-	4412	2		Date	1	L.	Amo	ount			Date			Amount		
Date Loan was originally Incurred	м 0 9	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$ 3	$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 6$	М	D	Y			· ·	М	D		Y	3			
Registration Number, if PAC				М	D	Y				М	D		Y				
Employer/Occupation/Labor Organization*				М	D	Y				М	D		Y				
* Required for contributions over \$100 to s if any, rather than employer should be lister the employees are members, if any, must apply that it is forgiven, write "Forgiven" in the Transfer total of all payments made in this payments.	d. If two opear, R.O	onnore e. C. 3517.1 ading Bal the State	mployees of 10(B)(4) lance" spacement of Ex	donate via	a payroll d	leductio	on and e	exceed the a	iggregate of \$	100, the	e labor of	rgan	oine (For	Fwhich m No. 31-A	2).		
1 Total prior amount \$		11,(00,000														

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 \$	11,00	00.00	(To Form No. 30-A)