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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee					,						
Friends of Marilyn Brow	n				1						
From Whom Received							Amount		Amt. Incurred this Period		
Nita Brown							5,0	00.00		1,000.0	
Address					1				Outstanding Bala		
26600 George Zeiger Dr.										6,000.0	
City	ty State Zip Code Loans Received This Period						Payments This Period				
		<u> </u>	Date		Amount		Date Amount				
Date Loan was originally M	1 1	M	D	Y	\$ '	0 00 M	D	Y	\$		
Incurred 0	6 2 1 0 6		0 3	0 6	100	0.00		44	ļ		
Registration Number, if PAC		M	D	Y		М	D	Y			
Employer/Occupation/Labor Organization*		М	D	Y		M	D	Y			
						- P			ļ.,		
From Whom Received						Рпог	Amount	00 00	Amt. Incurred this		
Beatrice Epstein							25,0	00.00	0	0.0	
Address 5420 Huron Road									Outstanding Balan	15,000.0	
	State Zip Code Loans Received This Period							Povn	ents This Period	0,000.0	
	H 44124	1.00	Date	rea rins	Amount		Da		Amo	unt	
Date Loan was originally M	D Y	М	D	Y	\$	M	T D	Y	\$		
Incurred 0	7 0 7 0 6		1 1					<u> </u>			
Registration Number, if PAC	. 1 0 1 . 1 0 1 0	М	D	Y	,	М	D	Y			
E1		<u> </u>	<del>                                     </del>	1 7/		7.0	<del></del>	1 1/2			
Employer/Occupation/Labor Organization*		М	D	Y		М	D	Y			
From Whom Received			-			Prior	Amount	<del>-1</del>	Amt. Incurred this	Period	
Beatrice Epstein							25.0	00.00		0.0	
Address					7				Outstanding Balar		
5420 Huron Road										5,000.0	
City Sta	ite Zip Code	Los	ns Receiv	ed This l	eriod			Pavm	ents This Period	<del></del>	
	H 44124		Date		Amount		Dat	•	Amo	unt	
Date Loan was originally M	D Y	M	D	Y	\$	М	D	Y	\$		
Incurred 0	7 1 4 0 6		1	<b>i</b>	•						
Registration Number, if PAC		M	D	Y		M	D	Y			
i								-	1		
Employer/Occupation/Labor Organization*		M	D	Y		M	D	Y			
* Required for contributions over \$100 to statewing any, rather than employer should be listed. If two the employees are members, if any, must appear.  If a loan is forgiven, write "Forgiven" in the "Outs	ro ornore employees do R.C. 3517.10(B)(4)	nate via p	oayroll ded	uction and	l exceed the aggregate	of \$100, the 1	abor organiz	ation of w	hich		
Transfer total of all payments made in this period	tanding Halance" space				•				į.		
	= =	enditures	(Form No.	. 31-B). T	ransfer Total Outstandi	ng Dalance to	ille cover p	age (Porm	110.0011).		
1 Total prior amount \$	= =	enditures	(Form No.	31-B). T	ransfer Total Outstandi		tile cover p	age (Porm	1.0. 20 12).		
1 Total prior amount \$ 2 Total received this period \$	to the Statement of Exp 55,000.00	00.00		31-B). T			rine cover p	age (Form			
•	to the Statement of Exp 55,000.00		(To Form		A-2)		rine cover p	age (Form			