FOR PAPER FILING ONLY

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee															
Friends of Marilyn Br	านกา														
From Whom Received	J VV 11									Prio	r Am	ount		Amt. Incurred this	Period
Nita Brown							1		5.0	00.00		0.00			
Address									0,0	00.00	Outstanding Balan				
26600 George Zieger I	Drive,	#405													5,000.00
City State Zip Code Loans Received This Period							Payments This Period								
Beachwood	ОН	44122		Date Amount			Amount			Date	e	Amount			
Date Loan was originally Incurred	м 0 6		y 0 6	М	D	Y	\$	\$		М		D	Y	\$	
Registration Number, if PAC				M	D	Y				М		D	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		
From Whom Received				<u> </u>		<u> </u>				Prio	r Am	ount		Amt. Incurred this	Period
Nita Brown							1,000.00				0.00				
Address														Outstanding Balan	
26600 George Zieger I	Drive,	#405													1,000.00
City		Zip Code		Loan	ıs Receive	d This P	eriod	j		Payments This Period					
Beachwood	ОН	44122			Date				Amount	Date Amount					nount
Date Loan was originally	М	1 1 1	Y	М	D	Y	\$	\$		М		D	Y	\$	
Incurred	1 1	0 3 0	0 6				┙								
Registration Number, if PAC				M	D	Y				М		D	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		
From Whom Received						1				Prio	r Am	ount	1	Amt. Incurred this	Period
Michael C. Brown										5,000.00					0.00
Address														Outstanding Balan	ке
23200 Chagrin Blvd															5,000.00
City	State	Zip Code		Loan	s Receive	d This P	eriod	ì	,				Pay	ments This Period	
Beachwood	ОН	44122			Date				Amount	1		Date	e	An	nount
Date Loan was originally Incurred	м 0 9	1 1	y : 0 6	М	D	Y	\$	3		M		D	Y	\$	
Registration Number, if PAC				М	D	Y	Î			М		D	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y		

If a loan is for given, write "For given" 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.R). Transfer Total Outstanding Relance to the cover page (Form No. 30.A.).

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\$	0.0	00	(also record on Form 31-B)
4	Total Outstanding Balance \$	11,000.	00	(To Form No. 30-A)

^{*} 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 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)