31-C R.C. 3517.10

FOR PAPER FILING ONLY

Page	

Statement of Loans Received

				Pre	scribed b	y Secret	ary of Sta	ite3/05								
Full Name of Committee	···								·· - · · · · · · · · · · · · · · · · ·		•			·-··		
Friends of Marilyn I	<u>Browr</u>	1														
From Whom Received									Pi	ior An			Amt. In	curred this I	Period	
Evan M Brown											2,0	00.00			0.00	
Address										and the	C HOW		Outstan	ding Balanc	۲	
33985 Blue Heron D									· .	y 14 y 1				2	00.000,2	
City Solon		Zip Code 44139		Loa	ns Recei Date	ved This	Period	Amount		Payni Date				tents This Period Amount		
Date Loan was originally Incurred	M 0 7	D	0 6	М	D)	Y	S			М	D	Y	S			
Registration Number, if PAC	- -	1 : . <u> </u>		М	D	Y				М	D	Y				
Employer/Occupation/Labor Organization	•			М	D.	Y!				M.	Dį	Ý				
From Whom Received			.,	!	<u> </u>	1 ; ,			Pr	ior An	oount		Amt. In	curred this [Period	
Address										ne dan Se			Outstan	ding Balanc	e	
City	State	Zip Code		Loa	ns Recei Date	ved This	Period	Amount			Date		ents Thi	s Period Amoun	ıt	
Date Loan was originally Incurred	М	D'	Y	М	D	Y	S			М	D	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	S			
Registration Number, if PAC		•		М	D	Y				М	I)	Y				
Employer/Occupation/Labor Organization	*			М	D	Y				М	D	Y				
From Whom Received Greg H Brown							Pr	Prior Amount 1,000.00				curred this I	Period (),()()			
Address 3901 Superior Ave									1		4		Outstan	ding Balanc	.000.00	
City Cleveland	1	Zip Code 44114		L,on	ns Recei Date	ved This	Period	Amount			Date	•	ents Thi	s Period Amoun	ı	
Date Loan was originally	M	D	Y	М	D	Y	S			м	D	Y	S		· ·	
Incurred	0 8	1 7	0 6							_						
Registration Number, if PAC				М	D	Y				М	0	Y			1	
Employer/Occupation/Labor Organization	*			М	D,	Y	-			М	D	Y.			-	
* Required for contributions over \$100 to if any, rather than employer should be liste the employees are members, if any, must a	d. If two	ormore emp	oloyees d											:55,	•	

If a loan is forgiven, 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 Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	3,000.00	
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 \$	3,000.00	(To Form No. 30-A)