## FOR PAPER FILING ONLY

**Statement of Loans Received** 

Prescribed by Secretary of State 3/05

Employer/Occupation/Labor Organization* M D Y M	Registration Number, if PAC M D Y M	Incurred 0 9 1 3 0 6		y State Zip Code Loans Received This Period Amount  Reach wood O   H	Adress 23200 Chagrin Blvd	C. Brown		Employer/Occupation/Labor Organization* M D Y M	Registration Number, if PAC M D Y	Incurred 1 1 1 0 3 0 6 0 0	O H 44122 Date Amount	State Zip Code Loans Received This Period	6600 George Zieger Drive,	Nita Brown	From Whom Received Price	Employer/Occupation/Labor Organization*  M D Y M	M D Y	· · · · · · · · · · · · · · · · · · ·	O H 44122			Nita Brown		Full Name of Committee Friends of Marilyn Brown	
X X	Z	3					Prior Amount	Z		<sup>™</sup>					Prior Amount	×		0 1					Prior Amount		ĺ
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				Payments This Period Amount	Outstanding Balance 5,000.00		Amt. Incurred this Period			Forgiven	Amount	ayments This Period	Custaining battains		Amt. Incurred this Period			Forgiven	Amount	ayments This Period	Outstanding Balance		Amt. Incurred this Period		

If a ban is for given, write "For given" in the "Outstanding Balance" space. Transfer total of all bans 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).

 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 \$	5,000.00 (To Form No. 30-A)

<sup>\*</sup> Required for contributors 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 or ganization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)