## FOR PAPER FILING ONLY Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

Full Name of Committee								·			
Friends of Marilyn Bro	own										
From Whom Received						Prior Ar			Amt. Incurred this Period		
Evan M Brown								2 <u>,0</u>	00.00	0.00	
Address										Outstanding Balance	
33985 Blue Heron Dr											2,000.00
City	State Zip Code		Los	ıns Receiv	ed This P	eriod		Payments This Period			
Solon	O H 4413		Date Amount			Date Amount			Amount		
Date Loan was originally	M D	Y	М	D	Y	\$		M	D	Y	\$
Incurred	0 7 1 0	0 6									
Registration Number, if PAC			М	D	Y			М	D	Y	
<u></u>											
Employer/Occupation/Labor Organization*			М	D	Y			M	D	Y	
				<u>l                                     </u>					1		
From Whom Received								Prior Ar			Amt. Incurred this Period
Michael C. Brown							5,0	00.00	0.00		
Address			-				-				Outstanding Balance
23200 Chagrin Blvd											5,000.00
City	State Zip Code		Los	ıns Receiv	ed This P	eriod		Payments This Period			
Beachwood	O H 4412	2	Date Amount			Date			Amount		
Date Loan was originally	M D	Y	М	D	Y	\$		M	D	Y	\$
Incurred	0 9 1 3	0 6				1		1			
Registration Number, if PAC			М	D	Y			М	D	Y	
					1 !				1		1
Employer/Occupation/Labor Organization*			М	D	Y	1		М	D	Y	
·				!							
From Whom Received								Prior Ar	nount	• • • • • • • • • • • • • • • • • • • •	Amt. Incurred this Period
Greg H Brown					1,000.00						
Address											Outstanding Balance
3901 Superior Ave											1,000.00
City	State Zip Code		Los	us Receiv	ed This P	eriod				Pavr	nents This Period
Cleveland	OH 4411	4	Date Amount			Date			Amount		
Date Loan was originally	M D	Y	М	D	Y	\$		M	D	Y	S
Incurred	0 8 1 7	0 6						1			
Registration Number, if PAC	0 0 1 7	10 0	М	D	Y	-		М	D	Y	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Employer/Occupation/Labor Organization*			М	D	Y	_		М	D	Y	
Zingan, Si Societa and Si gandanian											
	-					<u> </u>					<u> </u>

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 \$	8,000.00		
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 \$	8,000	0.00	(To Form No. 30-A)

<sup>\*</sup> 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)