FOR PAPER FILING ONLY



Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee											
Friends of Marilyn Bro	OMA										
From Whom Received	OWIL							Prior Ar	nount		Amt. Incurred this Period
Nita Brown							1.64.74	5,000.00		0.0	
INITED DIOWIT								3,000.00		Outstanding Balance	
	Drive #	405									5,000.0
26600 George Zieger Drive, #405 Cty State ZipCode Loans Received This Period								Down			
Beachwood	O H 4		Date Amount			1	Dat	•	ments This Period Amount		
Date Loan was originally		D Y	M	D	Y	S		М	TD	TYT	Is
Incurred	0 6 2	1 1 1									
Registration Number, if PAC			М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y	1		М	D	Y	
From Whom Received								Prior An	nount		Amt. Incurred this Period
Nita Brown					1,000.00		0.0				
Address											Outstanding Balance
26600 George Zieger I	Orive, #	405									1,000.0
City		o Code	Loans Received This Period						Payr	ments This Period	
Beachwood	O H 4	4122	ļ	Date			Amount	t	Date	e	Amount
Date Loan was originally		D Y	M	D.	Y	\$		M	D	Y	\$
Incurred	1 1 0	0 3 0 6						4_1_	<u> </u>		1
Registration Number, if PAC			М	D	Y			M	D	Y	
			<u> </u>						1		<u> </u>
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y	
From Whom Received					Prior Amount Amt. Incurred this Period						
Michael C. Brown					j	5,000.00		0.0			
Address						/ -		Outstanding Balance			
23200 Chagrin Blvd											5,000.0
City State Zip Code Loans Received This Period								Payı	ments This Period		
Beachwood	OH4	4122	Date Amount			ł	Date	e	Amount		
Date Loan was originally Incurred) Y	М	D	Y	s		М	D	Y	\$
Registration Number, if PAC	0 9 1	121010	М	D	Y	+-		М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y	+		M	D	Y	
Empoyor Occupances cause of gameation											<u> </u>

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-B). Transfer Total Outstanding Balance 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\$	0.00	_ (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)