31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Friends of Marilyn Brown

Full Name	Registration Number, if PAC	Address	Type*	M	D	Y	Amount	City	State	Zip Code	Form(Cash,Check,etc)
Michael C Brown		23230 Chagrin Blvd, Suite 940		01	28	10	50,000.00	Beachwood	OH	43122	Check

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ 50,000.00