	_
	')
Page	_
1 age	

Statement of Loans Received

Prescribed by Secretary of State3/05

	over the second	namen and Garata Schless		anny in the second seco							
Full Name of Committee											
Friends of Marilyn Brown									Marine Ma		
From Whom Received						Prior Ar			Amt. Incurred		
Michael C Brown							5,0	00.00		0.00	
Address									Outstanding B		
23200 Chagrin Blvd										5,000.00	
City State Zip Code	Loa	Loans Received This Period				Paym			nents This Period		
Beachwood OH 44122	1	Date			· Amount		Date Amount			Amount	
Date Loan was originally M D Y	М	D	Y	\$		М	D	Y	\$		
Incurred 0 9 1 3 0 6				1							
Registration Number, if PAC	М	D	Y			М	D	Y			
			1					1			
Employer/Occupation/Labor Organization*	М	D	Y			М	D	Y			
]		
From Whom Received			ek-emmercian			Prior A			Amt. Incurred		
Michael C Brown							50,0	00.00		0.00	
Address									Outstanding B	alance	
23200 Chagrin Blvd										0.00	
City State Zip Code	Loa	ns Receive	d This P	eriod			Payments This Period				
Beachwood O H 44122	1	Date			Amount		Da			Amount	
Date Loan was originally M D Y	М	D	Y	\$		М	D.	Y	\$		
Incurred 0 1 2 8 1 0	2 !			ľ		0 :	2 0 1	1 0		50000	
Registration Number, if PAC	M	D	Y			M	D	Y	1		
Redicti ation Maniost, it I H C									100		
Employer/Occupation/Labor Organization*	М	D	Y	-		M	D	Y	†		
Triployer/Becopation Lavor Organization											
From Whom Received						Prior A	mount		Amt. Incurred	d this Period	
Nita Brown								00.00		0.00	
Address									Outstanding E		
26600 George Zieger Dr., #405										1,000.00	
	1 .	n	3 771.1 T)				D	manta This Davi		
1 1	LO	Loans Received This Period Date Amount				Payments This Period Date Amount					
	М	Date	Y	le	Fillodik	M	I D	T Y	T¢ .	11mount	
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			1	ľ		1"		1	ľ		
Incurred 1 1 0 3 0 6	M	D	Y			M	D	Y	 		
Registration Number, if PAC	IM	D D	1			IM :		1			
	1,-	+-	Y			М		Y	-		
Employer/Occupation/Labor Organization*	М	D	Y			141	n n	1			
						<u> </u>			1		
	. 70	7				. (45 1 45. 1) J 10	. baseis see				
* Required for contributions over \$100 to statewide and general assembly candid	ates, it confr	noutor is sel	r-employ	/ea, occi	Thadou auntue Jame	or the manylands	ousiness,				
if any, rather than employer should be listed. If two ormore employees donate via	payroll dedu	iction and e	xceeath	ie aggrei	Jare of \$100, the labor	organization of	yw HCH				
the employees are members, if any, must appear, R.C. 3517.10(B)(4)											

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 \$	56,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	50,000.00	(also record on Form 31-B
4	Total Outstanding Balance \$	6,000.00	(To Form No. 30-A)