FOR PAPER FILING ONLY

Page	

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee								_										
Friends of Marilyn Br	ดพฑ																	
From Whom Received	OWIL										Prio	Amo	unt	_		Ţ	Amt. Incurred this Period	
Evan M Brown					2,000.00				0.00	۱		0.00						
Address											_	Outstanding Balance						
33985 Blue Heron Dr																f	2,0	00.00
City	State Zp Code Loans Received This Period				Payr					ym	nents This Period							
Solon		4413		<u> </u>	. ,	Date				Amount	_			Date		_	Amount	
Date Loan was originally Incurred	м 0 7	1 0	0 6	М	D		Y	j	\$		М		D		Y	5	\$ 	
Registration Number, if PAC				М	D		Y	I			М		D		Y			
Employer/Occupation/Labor Organization*				М	D		Y		-		М		D		Y			*
From Whom Received											Prior Amount			ľ	Amt. Incurred this Period			
Address																ď	Outstanding Balance	_
City State Zip Code Loans Received This Period Date Amount				Payments This Period														
			l	I	Date				\mount	Date					-	Amount		
Date Loan was originally Incurred	М	D	Y	М	D		Y		\$		М		D		Y	9	\$	
Registration Number, if PAC				М	D		Y				М		D		Y	1		
Employer/Occupation/Labor Organization*				М	D		Y	1			М		D		Y	1		
From Whom Received						-					Prior	Amo	unt		_	7	Amt. Incurred this Period	
Greg H Brown					1,000.00				0.00) [0.00						
Address 3901 Superior Ave																	Outstanding Balance 1,0	00.00
City	State	Zip Code	;	Loans Received This Period							Pa	yme	ents This Period					
Cleveland	OH	4411	4	L	I	Date				\mount				Date			Amount	
Date Loan was originally Incurred	м 0 8	1 7	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix}$ 6	М	D		Y	1	S		М		D		Y	15	\$ 	
Registration Number, if PAC				М	D		Y	1			М		D		Y	T		
Employer/Occupation/Labor Organization*	-			М	D		Y	1			М		D		Y	1		
* Required for contributions over \$100 to statewic														,	'			

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
Transfer total of all navments 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 \$	3,000.00	
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 \$	3,000.00	_ (To Form No. 30-A)

^{*}Required for contributions over \$100 to statewade and general assembly candidates. It contributor is self-employed, occupation and the name of the individual is 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)