FOR PAPER FILING ONLY Statement of Loans Received

Page		

	rrescribed by Secretary of Sta	te3/05		
Full Name of Committee				
<u>Friends of Marilyn Brown</u>				
From Whom Received			Prior Amount	Ama formation to
Evan M Brown			2,000.00	Amt. Incurred this Period
Address			2,000.00	
33985 Blue Heron Dr				Outstanding Bahnce
City State Zip Code	Loans Received This Period			2,000.00
Solon O H 44139	Date	Amount	Date Pay	ments This Period Amount
Date Loan was originally M D Y	M D Y S		MI DI YI	k
Incurred 0 7 1 0 0 6				ľ
Registration Number, if PAC	M D Y		MI DI Y	<u> </u>
Employer/Occupation/Labor Organization*	M D Y		M DI YI	
	<u>] </u>			
From Whom Received	-	•	Prior Amount	Amt. Incurred this Period
				- una medicology (CE)
Address				Outstanding Bahnce
			***	O LLINE COLOR
City State Zip Code	Loans Received This Period		Pass	ments This Period
	Date	Amount	Date Page	Amount
Date Loan was originally M D Y	M D Y S		MI DI YI	Is
Incurred]]
Registration Number, if PAC	M D Y	-	MI DI YI	
	<u>_ </u>			
Employer/Occupation/Labor Organization*	M D Y		M DI YI	
	<u> </u>			
From Whom Received	<u></u>		Prior Amount	Amt. Incurred this Period
Greg H Brown			1,000.00	0.00
Address				Outstanding Balance
3901 Superior Ave				1,000.00
City State Zip Code	Loans Received This Period	• • • • • • • • • • • • • • • • • • • •	Para	ents This Period
Cleveland OIH 44114	Date	Amount	Date	Amount
Date Loan was originally MDY Incurred 081706	M D Y S		MI DI YI	\$
		ł		Ì
Registration Number, if PAC	M D Y		M D Y	
imployer/Occupation/Labor Organization*	M D Y		M DI Y	
Required for contributions over \$100 to statewide and general assembly candidate	s If contributes is call another ad a committee			

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 \$	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 \$		(To Form No. 30-A)

if any, rather than employer should be listed. If two ormore employees donate via payroli deduction and exceed the aggregate of \$100, the labor or ganization of which the employees are members, if any, must appear, R.C. 3517.10(B)(4)