

FILED

Ohio Campaign Finance Report '07 JUL 31 AM 10:18

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Friends of Marilyn Brown						Registration Number, if PAC					
Full Name of Candidate Marilyn Brown											
Street Address 34 W. Polar Ave. #205						Office Sought County Commissioner			District		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)		Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September				Semiannual	
Monthly		Monthly		Monthly		Monthly		Termination		X 2007	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M	D	Y	
						1 1		0	7	0 6	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 15,166.78
2. Total monetary contributions (From Form No. 31-A)	\$ 13,950.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 29,116.78
5. Total monetary expenditures (From Form No. 31-B)	\$ 27,877.27
6. Balance on hand (line 4 minus line 5)	\$ 1,239.51
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 750.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 69,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

William H. Woods, Treasurer

[Signature]

07/31/07
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages 6

Expenditure pages 2

Other pages 11

Total pages 19

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown										
Full Name of Contributor The Raphael Company							Registration Number, if PAC			
Street Address 444 South Front Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M D Y 0 5 1 7 0 7		Amount \$500.00		
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y 0 2 1 5 0 7		Amount \$13,450.00		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		
Full Name of Contributor							Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M D Y		Amount		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date <u>2/15/07</u>
Page <u>1</u>

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown					
Full Name of Contributor BIA Build PAC of Central Ohio				Registration Number, if PAC 	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M D Y 0 2 1 5 0 7	Amount \$2,000.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC CP1203	
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M D Y 0 2 2 0 0 7	Amount \$2,000.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Limited, Inc PAC				Registration Number, if PAC CP809	
Street Address 3 Limited Parkway		Employer/Occupation/Labor Organization*		M D Y 0 2 1 4 0 7	Amount \$1,000.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor New Albany PAC				Registration Number, if PAC C00382432	
Street Address 101 N 3rd Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 5 0 7	Amount \$500.00
City Columbus		State OH	Zip Code 43216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew G Kallner LLC				Registration Number, if PAC 	
Street Address 65 E Gay Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 4 0 7	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Loreto Canini				Registration Number, if PAC 	
Street Address 4381 Antmon Round		Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 0 7	Amount \$250.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Hendrix				Registration Number, if PAC 	
Street Address 2580 Sherwin Road		Employer/Occupation/Labor Organization*		M D Y 0 2 2 0 0 7	Amount \$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 6,350.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 2/15/07
Page 2

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Friends of Marilyn Brown							
Full Name of Contributor Donald Plank				Registration Number, if PAC			
Street Address 685 City Park Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1507	\$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Douglas Romer							
Full Name of Contributor Douglas Romer				Registration Number, if PAC			
Street Address 10133 Covan Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1907	\$100.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sandra C Doyle Ahern							
Full Name of Contributor Sandra C Doyle Ahern				Registration Number, if PAC			
Street Address 2511 Keltonhurst Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1707	\$100.00
City Blacklick		State OH	Zip Code 43004	Form (Cash, Check, etc.) Check			
Full Name of Contributor Scott McClintock							
Full Name of Contributor Scott McClintock				Registration Number, if PAC			
Street Address 650 Stublyn Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1507	\$100.00
City Granville		State OH	Zip Code 43023	Form (Cash, Check, etc.) Check			
Full Name of Contributor Craig A Bohning							
Full Name of Contributor Craig A Bohning				Registration Number, if PAC			
Street Address 13740 Blamer Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1607	\$100.00
City Johnstown		State OH	Zip Code 43031	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey Strung							
Full Name of Contributor Jeffrey Strung				Registration Number, if PAC			
Street Address 350 Potomac Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	2107	\$100.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Tzagournis							
Full Name of Contributor Jack Tzagournis				Registration Number, if PAC			
Street Address 2475 Lane Woods Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1507	\$250.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 850.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Daniel O'Brien				Registration Number, if PAC			
Street Address 1173 McCleary Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	\$250.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nelson Kohman				Registration Number, if PAC			
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	\$500.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Katzenmeyer				Registration Number, if PAC			
Street Address 4143 Stargrass Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	\$1,000.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Edgar A Lampert				Registration Number, if PAC			
Street Address 667 Madison Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	\$1,000.00
City New York		State NY	Zip Code 10021	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Schottenstein				Registration Number, if PAC			
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	\$1,000.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert E Yoakam Jr				Registration Number, if PAC			
Street Address 6345 Taggart Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	\$500.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check			
Full Name of Contributor Julie Bacome				Registration Number, if PAC			
Street Address 5400 Murfield Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	\$500.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$4,750.00

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown							
Full Name of Contributor Douglas G Borrer				Registration Number, if PAC			
Street Address 5500 Dublin Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	507
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank Cipriano				Registration Number, if PAC			
Street Address 39 E Whittier St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	507
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael J Deascensis II				Registration Number, if PAC			
Street Address PO Box 563		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	1	307
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$13,450.00

Total expenditures this event.

\$0.00

Page Total \$ 1,500.00

FOR PAPER FILING ONLY

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Marilyn Brown				
Full Name of Contributor Tom Mason		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 3 Easton Oval		Description of Item or Service Food		M D Y Fair Market Value 0 2 1 5 0 7 \$750.00
City Columbus		State OH	Zip Code 43219	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Friends of Marilyn Brown										
To Whom Paid						M	D	Y	Amount	
US Postmaster						1	2	18	06	\$360.00
Address			Purpose							
850 Twin Rivers Drive			Postage							
City		State	Zip Code	Check Number						
Columbus		OH	43216	1062						
To Whom Paid						M	D	Y	Amount	
The Ohio Democratic Party						1	2	22	06	\$2,837.50
Address			Purpose							
271 E State Street			Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1063						
To Whom Paid						M	D	Y	Amount	
Rick Buchanan						0	1	10	07	\$200.00
Address			Purpose							
243 N Fifth			Photography							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1064						
To Whom Paid						M	D	Y	Amount	
Buckeye Printing and Mailing						0	1	20	07	\$118.40
Address			Purpose							
217 N Grant			Printing							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1065						
To Whom Paid						M	D	Y	Amount	
Cameron Mitchell's						0	2	02	07	\$5,881.87
Address			Purpose							
515 Park Street			Catering							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1066						
To Whom Paid						M	D	Y	Amount	
Piece of Cake						0	3	05	07	\$178.00
Address			Purpose							
772 N High Street			Catering							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1067						
To Whom Paid						M	D	Y	Amount	
The Ohio Democratic Party						0	3	07	07	\$2,837.50
Address			Purpose							
271 E State Street			Reimbursement							
City		State	Zip Code	Check Number						
Columbus		OH	43215	1068						
To Whom Paid						M	D	Y	Amount	
The New Standard						0	3	20	07	\$450.00
Address			Purpose							
620 Alum Creek Drive			Ad							
City		State	Zip Code	Check Number						
Columbus		OH	43205	1069						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Marilyn Brown												
To Whom Paid Evan Brown						M	D	Y	Amount			
						0	4	1	8	0	7	15,000.00
Address 33985 Blue Heron Drive				Purpose Loan repayment								
City Solon		State OH		Zip Code 44139		Check Number 1070						
To Whom Paid Key Bank						M	D	Y	Amount			
						1	2	2	9	0	6	3.50
Address				Purpose December bank charges								
City Columbus		State OH		Zip Code 43215		Check Number N/A						
To Whom Paid Key Bank						M	D	Y	Amount			
						0	1	3	1	0	7	3.50
Address				Purpose January bank charges								
City Columbus		State OH		Zip Code 43215		Check Number N/A						
To Whom Paid Key Bank						M	D	Y	Amount			
						0	3	3	0	0	7	3.50
Address				Purpose March bank charges								
City Columbus		State OH		Zip Code 43215		Check Number N/A						
To Whom Paid Key Bank						M	D	Y	Amount			
						0	4	3	0	0	7	3.50
Address				Purpose April bank charges								
City Columbus		State OH		Zip Code 43215		Check Number N/A						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown									
From Whom Received Nita Brown						Prior Amount \$6,000.00		Amt. Incurred this Period	
Address 26600 George Zieger Drive #405								Outstanding Balance \$6,000.00	
City OH		State OH		Zip Code					
						Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	S	
0 6 2 1 0 6									
Registration Number, if PAC		M	D	Y	M	D	Y	S	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	S	
From Whom Received Beatrice Epstein						Prior Amount \$25,000.00		Amt. Incurred this Period	
Address 5420 Huron Drive								Outstanding Balance \$25,000.00	
City Lyndhurst		State OH		Zip Code 44124					
						Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	S	
0 7 0 7 0 6									
Registration Number, if PAC		M	D	Y	M	D	Y	S	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	S	
From Whom Received Beatrice Epstein						Prior Amount \$25,000.00		Amt. Incurred this Period	
Address 5420 Huron Drive								Outstanding Balance \$25,000.00	
City Lyndhurst		State OH		Zip Code 44124					
						Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	S	
0 7 1 4 0 6									
Registration Number, if PAC		M	D	Y	M	D	Y	S	
Employer/Occupation/Labor Organization*		M	D	Y	M	D	Y	S	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 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 \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$56,000.00 (To Form No. 30-A)

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown													
From Whom Received William H Woods						Prior Amount \$150.00		Amt. Incurred this Period					
Address 1022 Blind Brook Drive								Outstanding Balance \$150.00					
City Columbus		St ate OH	Zip Code 43235			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
0 2		2 3	0 6										
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Evan M. Brown						Prior Amount \$20,000.00		Amt. Incurred this Period					
Address 33985 Blue Heron Drive								Outstanding Balance \$5,000.00					
City Solon		St ate OH	Zip Code 44139			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
1 0		0 4	0 6							0 4	1 8	0 7	\$15,000.00
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Michelle Brown						Prior Amount \$2,000.00		Amt. Incurred this Period					
Address 33985 Blue Heron Drive								Outstanding Balance \$2,000.00					
City Solon		St ate OH	Zip Code 44139			Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	S	M	D	Y	S	M	D	Y	S
0 7		1 0	0 6										
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$22,150.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$15,000.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$7,150.00 (To Form No. 30-A)

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown												
From Whom Received Greg H Brown						Prior Amount \$1,000.00		Amt. Incurred this Period				
Address 3901 Superior Ave								Outstanding Balance \$1,000.00				
City Cleveland		St ate OH	Zip Code 44114			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M 0	D 8	Y 1	M 7	D 0	Y 6	M	D	Y	\$	
Registration Number, if PAC						M	D	Y	M	D	Y	\$
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	\$
From Whom Received Michael Brown						Prior Amount \$5,000.00		Amt. Incurred this Period				
Address 23200 Chagrin Blvd								Outstanding Balance \$5,000.00				
City Beachwood		St ate OH	Zip Code 44122			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M 0	D 9	Y 1	M 3	D 0	Y 6	M	D	Y	\$	
Registration Number, if PAC						M	D	Y	M	D	Y	\$
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	\$
From Whom Received						Prior Amount		Amt. Incurred this Period				
Address								Outstanding Balance				
City		St ate	Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	M	D	Y	\$	
Registration Number, if PAC						M	D	Y	M	D	Y	\$
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	\$

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$6,000.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$6,000.00 (To Form No. 30-A)