

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

NOV 30 PM 4:49
FRANKLIN COUNTY
BOARD OF ELECTIONS
Registration Number, IF PAC

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		X	Annual Year
	July		August		September		Termination			2007
Monthly		Monthly		Monthly		Termination			Semiannual	
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	\$	1,239.51
2. Total monetary contributions (From Form No. 31-A)	\$	1,500.00
3. Total other income (From Form No. 31-A-2)	\$	283.13
4. Total funds available (sum of lines 1, 2, 3)	\$	3,022.64
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	3,022.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
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

Print Name and Title (Treasurer and Deputy Treasurer only)

William H. Woods
Signature

01/29/2008

Date

Contribution
pages 1

Expenditure
pages 0

Other
pages 5

Total
pages 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Marilyn Brown									
Full Name of Contributor United Healthcare						Registration Number, if PAC			
Street Address 9200 Worthington Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State O H		Zip Code 43082		M 1 0	D 1 0	Y 0 7	Amount 1,500.00
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		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		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		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		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		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		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		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		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		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 appear. [R.C. 3517.10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Marilyn Brown						Registration Number, if PAC		
Full Name Buckeye Printing and Mailing						Registration Number, if PAC		
Address 217 North Grant Avenue		Type* R E	M D Y 1 1 0 9 0 7		Amount 283.13			
City Columbus		State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			
Full Name						Registration Number, if PAC		
Address		Type*	M D Y		Amount			
City		State	Zip Code		Form(Cash,Check,etc)			

* 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.

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 5,000.00		Amt. Incurred this Period				
Address 26600 George Zieger Drive #405								Outstanding Balance 5,000.00				
City Beachwood		State O H	Zip Code 44122			Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 6		2 1	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 Nita Brown						Prior Amount 1,000.00		Amt. Incurred this Period				
Address 26600 George Zieger Drive #405								Outstanding Balance 1,000.00				
City Beachwood		State O H	Zip Code 44122			Loans Received This Period			Payments This Period			
						Date			Date			
						Amount			Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
1 1		0 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 Beatrice Epstein						Prior Amount 25,000.00		Amt. Incurred this Period				
Address 5420 Huron Drive								Outstanding Balance 25,000.00				
City Lyndhurst		State O H	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	\$	M	D	Y	\$
0 7		0 7	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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more 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)

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 \$ 31,000.00
- 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 \$ 31,000.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown												
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 O H	Zip Code 44124			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	\$
0 7		1	4	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 William H. Woods						Prior Amount 150.00		Amt. Incurred this Period				
Address 1022 Blind Brook Drive								Outstanding Balance 150.00				
City Columbus		State O H	Zip Code 43235			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	\$
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		State O H	Zip Code 44139			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	\$
1 0		0	4	0	6							
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

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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 \$ 45,150.00
- 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 \$ 30,150.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Marilyn Brown												
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		State OH	Zip Code 44139			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	\$
071006												
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	
From Whom Received Greg H. Brown						Prior Amount 1,000.00		Amt. Incurred this Period				
Address 3901 Superior Avenue								Outstanding Balance 1,000.00				
City Cleveland		State OH	Zip Code 44114			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	\$
081706												
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		State OH	Zip Code 44122			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	\$
091306												
Registration Number, if PAC						M	D	Y	M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y	M	D	Y	

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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 \$ 8,000.00
- 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 \$ 8,000.00 (To Form No. 30-A)