

# FOR PAPER FILING ONLY

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Friends of Marilyn Brown</b>										
From Whom Received <b>Nita Brown</b>						Prior Amount <b>5,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>26600 George Zieger Drive, #405</b>								Outstanding Balance <b>5,000.00</b>		
City <b>Beachwood</b>		State <b>OH</b>	Zip Code <b>44122</b>			Loans Received This Period		Payments This Period		
						Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
0 6 2 1 0 6										
Registration Number, if PAC						M		D		Y
Employer/Occupation/Labor Organization*						M		D		Y
From Whom Received <b>Nita Brown</b>						Prior Amount <b>1,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>26600 George Zieger Drive, #405</b>								Outstanding Balance <b>1,000.00</b>		
City <b>Beachwood</b>		State <b>OH</b>	Zip Code <b>44122</b>			Loans Received This Period		Payments This Period		
						Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
1 1 0 3 0 6										
Registration Number, if PAC						M		D		Y
Employer/Occupation/Labor Organization*						M		D		Y
From Whom Received <b>Michael C. Brown</b>						Prior Amount <b>5,000.00</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>23200 Chagrin Blvd</b>								Outstanding Balance <b>5,000.00</b>		
City <b>Beachwood</b>		State <b>OH</b>	Zip Code <b>44122</b>			Loans Received This Period		Payments This Period		
						Date		Date		Amount
Date Loan was originally Incurred		M	D	Y	\$			M	D	Y
0 9 1 3 0 6										
Registration Number, if PAC						M		D		Y
Employer/Occupation/Labor Organization*						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 \$ 11,000.00
- 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 \$ 11,000.00 (To Form No. 30-A)