

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for a Strong Gahanna											
From Whom Received Citizens for Jolley								Prior Amount 250.00		Amt. Incurred this Period 0.00	
Address 187 Regents Road										Outstanding Balance 0.00	
City Gahanna		State OH	Zip Code 43230	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M: 0	D: 2	Y: 2	M: 1	D: 1	Y: 8	M: 1	D: 1	Y: 3	Amount 250.00
Registration Number, if PAC				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		
Employer/Occupation/Labor Organization*				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		

From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3	Amount
Registration Number, if PAC				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		
Employer/Occupation/Labor Organization*				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		

From Whom Received								Prior Amount		Amt. Incurred this Period	
Address										Outstanding Balance	
City		State	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred		M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3	Amount
Registration Number, if PAC				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		
Employer/Occupation/Labor Organization*				M: 1	D: 1	Y: 3	M: 1	D: 1	Y: 3		

* 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).

- Total prior amount \$ 250.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 250.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 0.00 (To Form No. 30-A)