

Page___

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee								
From Whom Received	OF-	Lori	J. El.	400	C.			_
From Whom Received	Prior Amount Amt. Incurred this Period							
Lori J. Elmore						Piloi Ailiount 🕡	1 .	
Street Address							Outsta	nding Balance
645 Fairway Blud							10	00.00
city Lohitehall	State OH	Zip Code 43213	Loans Received This Period			Payments Received This Period		
Date of C	Original Loa	n (MM/DD/YYYY)	Date of Loan (MM	/DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
0-	7/07	12017	107/07	17017	100,00			
Registration Number, if PAC	<u>,,, o</u>		Date of Loan (MM/			Date of Payment (MM	/DD/YYYY)	Amount
Employer/Occupation/Labor Orga	Date of Loan (MM/	(DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		Amount		
From Whom Received					<u> </u>	Prior Amount	Amt. Ir	ncurred this Period
Street Address				Outsta	nding Balance			
City	State Zip Code							
	Loans Received This Period			Payments Received This Period				
Date of O	Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MM/DD/YYYY) Amount					
Registration Number, if PAC	Date of Loan (MM/DD/YYYY) Amount		Amount	Date of Payment (MM/DD/YYYY) Amount		Amount		
Employer/Occupation/Labor Orga	Date of Loan (MM/DD/YYYY) Am		Amount	Date of Payment (MM/DD/YYYY) A		Amount		
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgive (Form No. 31-A-2). Transfer total of	if any, rath nization of v n" in the "O	er than employer s which the employee utstanding Balance	hould be listed. If tw es are members, if a e" space. Transfer to	o or more e any, must al otal of all loa	employees contrib so appear. [R.C. 3 ans received this p	ute via payroll deduct 3517.10(B)(4)] period to the Stateme	ion and ex	ceed the
Cover page (Form No. 30-A).			<u></u>					
Total Prior Amount \$		0						
Total Received This Period	100.00	o)	(also record on Form 31-A-2)					
Total Payments Received t		_ (also record on Form 31-B)						
Total Outstanding Balance	0	(also record on Form 30-A)						