

Total Outstanding Balance \$____

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee								
JOHN GALASSO FOR CO	UNCIL							
From Whom Received					Prior Amount			
JOHN GALASSO					0			
Street Address								
2229 BLUE BELL LANE					0			
City	State	Zip Code	A serve Bession 4	Descined This Device		Dames A. Trie Davied		
GROVE CITY	он	43`12 <i>3</i>	Loans Received T	nis Period	Рауте	Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 10-05-2019			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mil	M/DD/YYYY)	Amount	
			10-05-2019	\$550.00			\$550.00	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount			
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY)	Amount	
ATTORNEY								
From Whom Received			•	.	Prior Amount	Amt. Ir	ncurred this Period	
Street Address						Outsta	nding Balance	
City	State	Zip Code	Loans Received T	his Period	Payme	Payments This Period		
Date Loan was Originally	Incurred	(MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (Mi	M/DD/YYYY)	Amount	
* Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A). Total Prior Amount \$ 0 Total Received This Period	if any, rati nization of n" in the "C of all paym	ner than employer s which the employer Dutstanding Balance ents made in this p	hould be listed. If two or more es are members, if any, must a e" space. Transfer total of all k eriod to the Statement of Expe	employees contri also appear. [R.C pans received this	bute via payroll deduction of the statem of	ction and ex	r Income	
Total Payments Received t		_						
i otal mayinents Received t	ins ren	ли ф <u> </u>	(also rec	ord on Form 31-E	5)			

(also record on Form 30-A)