Statement of Loans Received

1 Page _____

Prescribed by Secretary of State 3/0

				Prescrib	ed by Sec	retary of	f State 3/0	5	V-00012775			
Full Name of Committee Citizens for Rhodes												
From Whom Received Jeffrey D. Kaplan									Prior Amount \$0.00			Amt. Incurred this Period \$1,000.00
Address 7373 Christie Chapel Rd.												Outstanding Balance \$1,000.00
City Dublin	St ate OH	Zip Code 43017	Loans Received This Period Date Amount					Payments Date			This Period Amount	
Date Loan was originally Incurred Registration Number, if PAC	м 0 5	2 2	0 8	M M	D D	Y	\$		M	D	Y	\$
Employer/Occupation/Labor Organization* After Dark Graphics/Graphic Designer					D	Y			M	D	Y	
From Whom Received									Prior Amount Amt. Incurred this P			
Address	,,,,											Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount						This Period Amount			
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		М	Date	Y	\$
Registration Number, if PAC					D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received						1			Prior Ar	nount		Amt. Incurred this Period
Address					•			<u></u>				Outstanding Balance
City	St ate OH	Loans Received This Period Date Amount					Payments This Period Date Amount					
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	J	.!	h	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
Required for contributions from in the individual's business, if any, rat labor organization of which the em	her than e	mployer sh	ould be li	sted. If t	two or m	ore em	ployees (contribute via j	utor is sel payroll de	f-employe duction a	ed, the o	ccupation and the name of the aggregate of \$100,
f a loan is forgiven, write "Forg ncome (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	l of all pay	anding I ments n	Balance nade in	e" space this per	. Transiod to	sfer tota the Stat	al of all loans ement of Exp	received enditures	this per	iod to t No. 31-	he Statement of Other B). Transfer Outstandi
Total prior amount \$\$0.0	00											
² Total received this period \$	\$1,00	0.00		_(To F	orm No	. 31-A	-2)					

(To Form No. 31-B)

(To Form No. 30-A)

\$0.00

\$1,000.00

³ Total payments this period \$ _

⁴ Total Outstanding Balance \$ _