

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|----------------------------------------------------------|--|--------------------|--|--------------------------|--|-------------------------------------------|--|--------------------------------|--|---------------------------------------|--|-------------|--|
| Full Name of Committee Friends of Troy Markham | | | | | | | | | | | | | |
| From Whom Received Troy Markham | | | | | | | | Prior Amount 1500.00 | | Amt. Incurred this Period 0 | | | |
| Address 360 S. Roosevelt Ave | | | | | | | | | | Outstanding Balance 1100.00 | | | |
| City Columbus | | State OH | | Zip Code 43209 | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | | M D Y | | M D Y | | M D Y | | M D Y | | M D Y | | M D Y | |
| | | 0 9 2 8 1 5 | | | | | | | | | | 1 1 0 6 1 5 | |
| Registration Number, if PAC | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | |

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|-----------------------------------------|--|-------|--|----------|--|-------------------------------------------|--|-------|--|-------------------------------------|--|--------------|--|---------------------------|--|
| 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 D Y | | M D Y | | M D Y | | M D Y | | M D Y | | M D Y | | | |
| | | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | | | |

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|-----------------------------------------|--|-------|--|----------|--|-------------------------------------------|--|-------|--|-------------------------------------|--|--------------|--|---------------------------|--|
| 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 D Y | | M D Y | | M D Y | | M D Y | | M D Y | | M D Y | | | |
| | | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | | | | | | | | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 1500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ 400.00 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 1100.00 (To Form No. 30-A)

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 BOARD OF ELECTIONS