31-C R.C. 3517.10

Statement of Loans Received



			Prescribed b	y Secretary of St	ate 3/05	12 JI	JN II	PM	<u>4: 02</u>
Full Name of Committee Gibson for Trustee						FRA	NKLII	N COU	JNTY
From Whom Received Shane E. Gibson						Prior Amplim Ut ELE (Amit trickured this Period \$90.00 \$0.00			
Address 5654 Linn Dr.	_								Outstanding Balance \$90.00
City Grove City	1 , 1 -	Code 3123	Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred Registration Number, if PAC	0 9 0	8 0 9		D Y S		M	D D	Y	s i
Employer/Occupation/Labor Organiza	tion*	-	M	D Y		M	D	Y	
From Whom Received			_	<u>-', </u>		Prior Amo	ount	·	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	M	D Y	M	D Y S		М	D	Y	S
Registration Number, if PAC		· · · · · · · · · · · · · · · · · · ·	M	D Y	_	M .	D	Y	
Employer/Occupation/Labor Organiza	ntion*		M	D Y		M	D	Y	
From Whom Received						Prior Am	ount		Amt. Incurred this Period
Address	_					7			Outstanding Balance
City	State Zi	p 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	S
Registration Number, if PAC			М	D Y		М	D	Y	
Employer/Occupation/Labor Organization*			M	D Y		M	D	Y	
* Required for contributions from the individual's business, if any, labor organization of which the	rather than emplo	yer should be lis	sted. If two	or more emplo	yees contribute via p	tor is self- ayroll ded	employe uction an	d, the oc d exceed	cupation and the name of the aggregate of \$100, the

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).

Total prior amount \$\$90.00	
² Total received this period \$\$0.00	(To Form No. 31-A-2)
³ Total payments this period S \$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$\$90.00	(To Form No. 30-A

2010 annual