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## **Statement of Loans Received**

Full Name of Committee							tary of State3/05				
Reynoldsburg Area I	Demo	ocrate	PAC								
From whom Received			71110					Deign			
Kristin Bryant								Prior A	Amount	220.00	Amt. Incurred this Period
Address										220.00	0.0 Outstanding Balance
387 Cheyenne Way											220.0
Reynoldsburg	Stat			L	oans Rece	ived This	Period			Pavn	nents This Period
Date for evaluation in	IO I	H 430		+-	Date		Amount		D	ate	Amount
Incurred	3 1	$\begin{bmatrix} D \\ 2 \end{bmatrix}$	3 1 7	M M	D	Y	\$	М	D	Y	\$
Registration Number, if PAC	40	0   2	3 1 7	M	D	Y	<del> </del>				
				IVI	"	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	T <sub>D</sub>	Y	<del></del>	<del>-   ,  </del> -			
						1		M	D	Y	
from Whom Received								Prior A	mount		Amt Insuradable D. 1
Friends of Kristin Bry	<u>ant</u>							1		00.00	Amt. Incurred this Period
PO Box 1523										00.00	0.00 Outstanding Balance
1 O DOX 1323	Carte	7: 0	<del></del>								1,000.00
Reynoldsburg	State	Zip C 1 430		Lo	ans Recei	ved This	Period	Payments This Period			
Pate Coon was edictional	M	1143U D	Y	M	Date	ΙΥ	Amount		Da		Amount
acurred:	1 1	1	8 1 7		1 5	1	\$	М	D	Y	\$
egistration Number, if PAC		10	<u> </u>	M	D	Y	<del> </del>		<del> </del> _	1	
					1		1	M	D	Y	
mployer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
om Whom Received					<u> </u>	<u></u>	<u></u>		_	1 1	i
on whom received								Prior An	ount		Amt. Incurred this Period
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		'		Los	ans Receiv Date	ed This I	eriod Amount		ъ.		nts This Period
	M	D	Y	M	D	Y	s	M	Date		Amount
corred		<u> </u>			1	ļ		IVI	"	Y	\$
egistration Number, if PAC				M,	D	Y		М	D	Y	
nployer/Occupation/Labor Organization*									_		
- Proyet/ Geeupation/Labor Organization*				M	D	Y		M	D	Y	
				L	L						
Required for contributions over \$100 to sta	tewide a	nd gener	al accamble	مرائلة مور	IC						
my, rather than employer should be listed.	If two or	rmore en	an assembly aplovees dor	nate via n	es. II contr avroll dedi	ibutor is s	elf-employed, occupation	and the name	of the inc	lividual's bu	isiness,
employees are members, if any, must app	ear. R.C	. 3517.10	0(B)(4)	via p	ajion ucui	action and	exceed the aggregate of	100, the labo	r organiza	tion of whi	ch
loan is forgiven, write "Forgiven" in the "	Outstand	ling Bala	ınce" space.	Transfer	total of all	loans rec	eived this period to the St	atement of Cul	10= l===	o (Fac. 31	21.4.2)
insfer total of all payments made in this per	riod to th	ne Staten	nent of Expe	nditures (	Form No.	31-B). Tr	ansfer Total Outstanding	Balance to the	cover po	re (Form No	0. 31-A-2),
									cover pa	₽e (r.oum M	u. 20-71).
Total prior amount \$			20.00								

If a loan is forgiven, write "Forgiven" in the "Output 1". Dr
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-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in this period to the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in the Statement of Other Income (Form No. 31-A-Transfer total of all navments made in the Statement
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A

1	Total prior amount \$	1,220.00
2	Total received this period \$	(To Form No. 31-A-2)
3	Total Payments this Period \$	
4	Total Outstanding Balance \$	1,220.00 (To Form No. 30-A)