Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Comminee	7	Di .	π.					
From Whom Received	U CS	on Th	WP2	•		Prior Amount		Ams, Incurred this Period
CILIZONE for	·	aller				500,0	20	
First Name of Committee (itizens for Josen Phillips From Whom Received Citizens for Jolley Address 187 Regents Road City State Zip Code Cahanna OH 43230 Date Amount								O. OO Outstanding Balance
187 Kegent	<u> </u>	ood						500.00
City	VIT	ひろうつつ	Loss	s Received This Period		_	Payments	This Period
Cananna	M		M: D	Y ₁	iount	M D	Yı	Amount S
Date Loan was originally incurred	08	વિવાસ 3		 	٠			
Registration Number, if PAC		1 1 1 1	M D	Tri Tri		M D	Ϋ́I	
Employer/Occupation/Labor Organization	•		M P	*		MD	1	
From Whom Received			1 1 1 1	<u> </u>		Prior Amount	1 1	Amt. Incurred this Period
Address								Outstanding Balance
City	St are	Zip Code	<u> </u>					
			Loas Date	s Received This Period Am	agent	Payments This Period Date Amount		
Date Loan was	М	D Y	M D	Y 5		M D	Y	s
originally Incurred			M D	Y ₁		M D	Yı	
Registration Number, if PAC						֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	1	
Employer/Occupation/Labor Organization	. *		M D	Y		M D	Y	
From Whom Received			1_!_!_!_	<u> </u>		Prior Amount	'	Ams, Incurred this Period
			<u> </u>		_	_		
Address								Outstanding Balance
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Date Lozu was	м	P Y	M D	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		M D	Y	S
originally incurred Registration Number, if PAC	l		M D			M D	Yı	1
Employer/Occupation/Labor Organization	o*		M D	Ÿ		M D	Y	
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 "Forg Income (Form No. 31-A-2). Trun Balance to the Cover page (Form	isfer total	of all payments n	Balance" space nade in this per	. Transfer total of a find to the Statemen	di loans re t of Expe	eceived this pe nditures (Form	riod to t No. 31-	he Statement of Other B). Transfer Outstanding
1 Total prior amount S	20.0	00_						
² Total received this period S (To Form No. 31-A-2)								
³ Total payments this period \$ (To Form No. 31-B)								
⁴ Total Outstanding Balance S _	50	20.00	(To Foo	m No. 30-A)				