

## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

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Full Name of Committee	nandrikalekkana konfigurej ()														
Olmstead for Trustee		21.000.000.000.000.000					*************	Constant		egas está como	ejanan ejanya			***************	
From Whom Received						Prior Amount					Amt. Incurred this Period				
David C. Olmstead						0.00				.00	1,500.00				
Address															Outstanding Balance
6248 Kitzmiller Rd.															Forgive
City	State	Zip Code		Lo	ams R	eceive	d This F	eric	od					Pay	ments This Period
New Albany	OH	4305				Date			Amount			D	ate		Amount
Date Loan was originally	М	D	Y	М	D		Y		\$	М		D	1	1	\$
Incurred	1 0	1 5	0 9	1 (	) 1	5	0	9	1500	1	2	0 4	<u> </u>		971.7
Registration Number, if PAC				М	D	)	Y		Balance	М		D	7		
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Employer/Occupation/Labor Organization×				М	D	)	Y			М		D	7	7	
Candidate															
From Whom Received				Manusian .	Samuel Street		leconomics.	omend.		Prior	Ámo	ount	nicolabanen en	SCHOOL SECTION	Amt. Incurred this Period
Address															Outstanding Balance
City	State	Zip Cod	·	To	ans R	eceive	d This I	Perio	ъд	1	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO			Pav	ments This Period
0.0,				1		Date	4 21110 4		Amount	on the second		D	ate	,	Amount
Date Loan was originally	М	D	Y	М	T	)	Y		\$	М		D	Τ,	7	\$
Incurred										Control (don)					
Registration Number, if PAC				М	$+_{\scriptscriptstyle  m D}$	1	Y	-		М		D	٠,	7	
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Employer/Occupation/Labor Organization×				М	$+_{\scriptscriptstyle \mathrm{I}}$	1	Y	-		М	<u> </u>	D	┿,	7	
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		Managementage				YANGAR AND	<u> </u>			Price	Amo	nrot			Amt, Incurred this Period
From Whom Received										11101		2 Gara			
111										h					Outstanding Balance
Address															Odd Maring Data 100
		17. 6.3		1 .					*		3633			D	ments This Period
City	State	Zip Cod	;	Lo			d This I	'erro				D	ate	ray	ments lins reriou Amount
	<u> </u>		1	1		Date	1 77		Amount	M		D		Y	H H H H H H H H H H H H H H H H H H H
Date Loan was originally	М	D	Y	М	Ι	)	Y		Ş	M		"		Y	2
Incurred				1			<u> </u>			1		D	4	Y	
Registration Number, if PAC				М	I	<b>,</b>	Y			М		u		ı	
										1.		-	4	·	
Employer/Occupation/Labor Organization*				М	I	) [	Y			М		D		Y	
	00/100000000							wasan-		1					
* Required for contributions over \$100 to statewic	de and gen	eral assen	nbly candida	tes. If con	tributo	r is self	-employ	ed,	occupation and the name of the i	ndividu	ial's bi	usiness,			

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 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 \$	0.00_
2	Total received this period \$	1,500.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	1,500.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	#VALUE! (To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the motividual's busines if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R. C. 3517.10(B)(4)