



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Citizens for Jolley							
From Whom Received Ryan Jolley					Prior Amount 0.00	Amt. Incurred this Period 6,000.00	
Street Address 225 W Johnstown Rd Apt 3K						Outstanding Balance 6,000.00	
City Gahanna	State OH	Zip Code 43230	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 01/02/2019			Date of Loan (MM/DD/YYYY) 01/02/2019	Amount 250.00	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) 01/18/2019	Amount 1,750.00	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) 02/11/2019	Amount 4,000.00	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received Ryan Jolley					Prior Amount 0.00	Amt. Incurred this Period 3,000.00	
Street Address 225 W Johnstown Rd Apt 3K						Outstanding Balance 3,000.00	
City Gahanna	State OH	Zip Code 43230	Loans Received This Period		Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY) 04/01/2019			Date of Loan (MM/DD/YYYY) 04/01/2019	Amount 2,000.00	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY) 04/15/2019	Amount 1,000.00	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

* 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).

Total Prior Amount \$ 0.00

Total Received This Period \$ 9,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 9,000.00 (also record on Form 30-A)