

## **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

Full Name of Committee						
FRIENDS for Long J. ELMBRE						
From Whom Received					Prior Amount	Amt. Incurred this Period
LORI J. ELMIRE					100.00	<del>-</del>
Street Address						Outstanding Balance
645 FAIRWAY BIND						100,00
City Whitehall	State	Zip Code 43213	Loans Recei	ved This Period	Payments Received This Period	
		MM/DD/YYYY	MM/DD/YYY	Amount	MM/DD/YYY	Amount
Registration Number, if PAC				Amount	7	Amount
			MM/DD/YYY		MM/DD/YYY	r
Employer/Occupation/Labor Org	anization*	_		Amount		Amount
CANDIDATE			MM/DD/YYY		MM/DD/YYY	r
From Whom Received				······································	Prior Amount	Amt. Incurred this Period
Street Address						Outstanding Balance
City	State OH	Zip Code	Loans Recei	ved This Period	Payments Rec	eived This Period
				Amount		Amount
		MM/DD/YYYY	MM/DD/YYY		MM/DD/YYYY	
Registration Number, if PAC			Amount			Amount
			MM/DD/YYY		MM/DD/YYY	(
Employer/Occupation/Labor Organization*				Amount		Amount
			MM/DD/YYY		MM/DD/YYYY	
* 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 \$						
Total Received This Period	d \$	<del>0</del>	(8	(also record on Form 31-A-2)		
Total Payments Received	this Perio	od \$\$	) (a	(also record on Form 31-B)		
Total Outstanding Balance	• \$ <u> </u>	100.00	(a	(also record on Form 30-A)		