

## Page \_\_\_\_

## Statement of Loans Received

Form 31-C

R.C. 3517.10

	<del></del>							
Full Name of Cor	mmittee	المرجد أراد	7 G1.		`A			
From Whom Received	ids of	Lori	J, CI	401	<u>C</u>	15: 1		
Lori J. Elmore						Prior Amount		ncurred this Period
Street Address			Inding Balance					
645	Ivd							
City				, , , ,				
Whiteha	П	43213	Loans Received This Period			Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY) Amount			Date of Payment (MM/DD/YYYY) Amount		
	07/0	7/2017	07/07	12017	100,00			
Registration Number, i			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
				7				
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) Amount		Amount	Date of Payment (MM/DD/YYYY) Amount		
		7.11						
From Whom Received						Prior Amount	Amt. Ir	curred this Period
Street Address				Outstanding Balance				
City	State	Zip Code		······································				
Oity	OH	Zip Code	Loans Received This Period			Payments Received This Period		
	Date of Loan (MM/I	OD/YYYY)	Amount	Date of Payment (MM/	/DD/YYYY)	Amount		
Registration Number, if	FPAC:		Date of Loan (MM/I		Amount	D-1	(DD 0000)	Amount
regionation Humber, ii	Date of Loan (WIW/L	י די די די עטע	Amount	Date of Payment (MM/	וטטוינינין	Amount		
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)		Amount	Date of Payment (MM/DD/YYYY) Amo		Amount
	-		Date of Least (minut	,,,,,,		Date of Fayment (WIVII		
* Required for contribut name of the individual's aggregate of \$100, the If a loan is forgiven, writ	business, if any, ra labor organization o	ther than employer s f which the employed	hould be listed. If two es are members, if a	o or more e ny, must al	employees contrib so appear. [R.C.	oute via payroll deduct 3517.10(B)(4)]	ion and ex	ceed the
(Form No. 31-A-2). Tran Cover page (Form No. 3	nsfer total of all payr	ments made in this p	eriod to the Stateme	nt of Exper	nditures (Form No	. 31-B). Transfer Outs	standing B	alance to the
Total Prior Amount	t \$	<del>-0</del>	<u> </u>					
Total Received Th	0	(also record on Form 31-A-2)						
Total Payments Received this Period \$				(also record on Form 31-B)				
Total Outstanding	2.0	(also record on Form 20 A)						