## **Statement of Loans Received**

	1		
Page	_		

Prescribed by Secretary of State 3/05

Full Name of Committee											
Harmon for Clerk Commi	ttee										
From Whom Received								Prior A			Amt. Incurred this Period
Phillip L. Harmon						\$0.	.00		\$1,454.79		
Address									Outstanding Balance		
5312 Longrifle Rd.											Førgiven
City	St ate	Zip Code	Г		_					_	
Westerville	ОН	43081		Dat		eceive	ed This Period Amount	1	Date I	Payments	This Period Amount
· · · · · · · · · · · · · · · · · · ·	M	D	Y	M Dat	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred					2 2 0		\$264.96				\$0.00
Registration Number, if PAC				0 <sup>M</sup> 2		8 8	\$672.23	М	D	Y	\$0.00
Employer/Occupation/Labor Organizat	ion*			M	D	Y		M	D	Y	
			(		2 6 0	1_	\$517.60				\$0.00
From Whom Received Phillip L. Harmon								Prior A	mount .00		Amt. Incurred this Period \$312.91
Address											Outstanding Balance
5312 Longrifle Rd.	Lai	I a: 0 ;									Forgiven
City Westerville	St ate OH	Zip Code 43081		Loans Received This Period  Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	м 0 2 2	-: :	8	\$ \$87.91	M	D	Y	\$ \$0.00
Registration Number, if PAC	• :			м 0 3 (	: 1	Y 8	\$225.00	M	D	Y	\$0.00
Employer/Occupation/Labor Organizat	ion*			М	D	Y		М	D	Y	
From Whom Received			<b>_</b> _			·	<u> </u>	Prior A	mount	<u> </u>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period			
	- M	D	Y	M Dat		Y	Amount \$	M	Date	Y	Amount S
Date Loan was originally Incurred											
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	-	M	D	Y	
<u> </u>											
* Required for contributions from i											

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.		
<sup>2</sup> Total received this period \$	\$1,767.70	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$0.00	(To Form No. 30-A

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)]