## 31-C R.C. 3517.10

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## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee		erieniesestatuensatunterieninisteriilistö								·//		
People for Shirli Billin	gs											
From Whom Received Shirli M. Billings							Prior At 60	nount 0.00		Amt. Incurred this Period 100.00		
Address 34 Keswick Dr.				······································		***************************************					Outstanding Balance 700.00	
<sup>City</sup> New Albany	St ate	Zip Code 43054		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	0 <sup>M</sup> 8	1 1 0 Y	9	м I 1	D 0 2	ү 0 9	\$ 100.00	1 <sup>M</sup> 2	0 4	0 9	s 270.51	
Registration Number, if PAC	<u>\$</u>	<u> </u>		М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received									mount		Amt. Incurred this Period	
Address											Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount					Payments This Period  Date Amount			
Date Loan was originally Incurred	M	D Y		M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization	1*			М	D	Y		M	D	Y		
From Whom Received								Prior A	mount		Amt. Incurred this Period	
Address										Outstanding Balance		
City	St ate OH	Zip Code		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y		M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y		
		6100 44-4	vida	and ac	moral oc	cembly	candidates If cont	ibutor is sel	f-employ/	ed the oc	cupation and the name of	

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 \$ 600		
<sup>2</sup> Total received this period \$	100.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	270.51	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	Forgiven	(To Form No. 30-A)

<sup>\*</sup> 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)]