## Statement of Loans Received

Page	4	

Prescribed by Secretary of State 3/0:

Full Name of Committee	izene	for Jenife	er French			
	LZENS	TOT Jentre	i riench			
From Whom Received				Prior Amount \$ 00.00	Amt. Incurred this Period \$4,860.00	
Jenifer French				\$ 00.00	' '	
Address 961 Woodsedg		Outstanding Balance \$4,860.00				
City Westerville	State OH	Zîp Code 43081	Loans Received This Period Date Amount	Payments This Period Date Amount		
Date Loan was originally Incurred	M 5	D 7 1 3	$ \begin{bmatrix} M \\ 0 \\ 5 \end{bmatrix} $ $ \begin{bmatrix} D \\ 7 \end{bmatrix} $ $ \begin{bmatrix} Y \\ 1 \end{bmatrix} $ $ \begin{bmatrix} S \\ $1,200.00 $	Ma D Y	\$00.00	
Registration Number, if PAC	<u></u> '	<del>  </del> '	M D Y 3 \$2,000.00	M D Y		
Employer/Occupation/Labor Organization*		M D Y 3 \$1,660.00	M D Y			
From Whom Received				Prior Amount	Amt. Incurred this Period	
Address Outstanding Balance						
City	St ate	Zip Code	Loans Received This Period  Date Amount	Payments This Period Date Amount		
Date Loan was	М	DY	M D Y S	M D Y	5	
Registration Number, if PAC			M D Y	M D Y		
Employer/Occupation/Labor Organization*		M D Y	M D Y			
From Whom Received Prior Amount Amt. Incurred this Peri					Amt. Incurred this Period	
Address Outstanding Balance						
City	St ate	Zîp Code	Loans Received This Period Date Amount	Payments Date	Payments This Period  Amount	
Date Loaniwas originally/Incurred	M	D	M D Y S	M D Y	\$	
Registration Number, if PAC		M <sub>i</sub> D Y	M D Y			
Employer/Occupation/Labor Organization*		M D Y	M D Y			
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation 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).

1 Total prior amount \$ 00.00	
<sup>2</sup> Total received this period \$ 4,860.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ 00.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ 4,860.00	(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)]