Page	<u> </u>

## **Statement of Loans Received**

Prescribed by Secretary of State3/05														
Full Name of Committee  Jones for Bexley						13100000000000000000000000000000000000								
From Whom Received Carol J. Lannan	eletteretten (ett)				memm					incontrol manifestation and a second and a se	Prior An	iount	0.00	Amt. Incurred this Period
Address 832 Vernon Rd	ercorony massy:	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NIWOUTON	***************************************	#*************************************	***************************************	y//II//				0.00	Outstanding Balance Forgiven
City Bexley	Sta		Zip Code 4320			Loa	ns Receiv Date	ived This Period  Amount Date				-	ents This Period Amount	
Date Loan was originally Incurred	м 1	0	D 1 9	Y	М 1	0	D 1 9	0 9	s 	100.00	M 1 1	D 2 7	у 0   9	s 60.00
Registration Number, if PAC	kuuniumuulu		5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М	·	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		*************	***************************************	***************************************	М		D	Y			М	D	Y	
From Whom Received Robyn R. Jones											Prior An	rount	0.00	Amt. Incurred this Period 444.85
<sup>Address</sup> 825 Vernon Rd			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											Outstanding Balance Forgiven
<sub>City</sub> Bexley	Sta		Zip Code 4320			Loa	ns Receiv Date	ed This	Period	Amount		Dat		ents This Period Amount
Date Loan was originally Incurred	м 1	0	D 2 1	0 9	1 1	1	D 2 1	0 9	\$	444.85	М 1 1	D 2 7	Y 0 9	\$ 400.00
Registration Number, if PAC					M		D	Y			M	D	Y	
Employer/Occupation/Labor Organization*					M		D	Y			M	D	Y	
From Whom Received					Mesannan						Prior A	iount		Amt. Incurred this Period
Address	<i>-1009/100000</i>	***************************************		***************************************	econocioni	· control control	***************************************	***************************************	0.000 10 00 00 00 00 00 00 00 00 00 00 00	13-14-14-14-14-14-14-14-14-14-14-14-14-14-				Outstanding Balance
City	Sta	ite	Zip Code	2		Lea	ns Receiv Date	ed This	Period	Amount		Dat		ents This Period Amount
Date Loan was originally Incurred	M		D	Y	M		D	Y	S		М	D	Y	\$
Registration Number, if PAC		***************************************	•		M		D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		***************************************	*******************************	***************************************	М		D	Y		anta a su transporte de la marca de la companya de	М	D	Y	
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 p	eriod	to tl	ne Statem	ent of Exp	endi	ures	(Form No	. 31-B).	Transfe	r Total Outstanding Ba	lance to th	ie cover p	age (Form	No. 30-A).

J.	Total prior amount \$	0.00	
2	Total received this period \$	544.85	(To Form No. 31-A-2)
3	Total Payments this Period \$	460.00	(also record on Form 31-E
4	Total Outstanding Balance \$	Balance Forgiven	(To Form No. 30-A)