

2014-ANNUAL DOCUMENTATION Amended

31-C
R.C. 3517.10

2015 APR -9 AM 10:21
FRANKLIN COUNTY
BOARD OF ELECTIONS
Page _____

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|--|--------------------|--|----------------------------|--|----------------------------|----------------------|--|----------------------|--|--|
| Full Name of Committee Committee to Elect Brad McCloud | | | | | | | | | | | |
| From Whom Received Citizens for Stephanie McCloud | | | | | | | | | | | |
| Address 14 E Gay Street, 2nd FL | | | | | | | | | | | |
| City Columbus | | State OH | | Zip Code 43215 | | Loans Received This Period | | | Payments This Period | | |
| Date Loan was originally Incurred | | M D Y | | M D Y | | Date Amount | | | Date Amount | | |
| 0 8 0 4 0 9 | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | M D Y | | | M D Y | | |
| | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | M D Y | | |
| | | | | | | | | | | | |
| From Whom Received | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | | | | | | | | | | | |
| State | | Zip Code | | Loans Received This Period | | | Payments This Period | | | | |
| M D Y | | M D Y | | Date Amount | | | Date Amount | | | | |
| | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | M D Y | | | M D Y | | |
| | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | M D Y | | |
| | | | | | | | | | | | |
| From Whom Received | | | | | | | | | | | |
| Address | | | | | | | | | | | |
| City | | | | | | | | | | | |
| State | | Zip Code | | Loans Received This Period | | | Payments This Period | | | | |
| M D Y | | M D Y | | Date Amount | | | Date Amount | | | | |
| | | | | | | | | | | | |
| Registration Number, if PAC | | | | | | M D Y | | | M D Y | | |
| | | | | | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M D Y | | | M 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 or more 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 period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 500.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 500.00 (To Form No. 30-A)