Page	1
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Statement of Loans Received

Prescribed by Secretary of State3/05

				Fic	експреа р	y Secret	ny or	State5/05						
Full Name of Committee		_			_									
Franklin County Libe	ertaria	n Party												
From Whom Received							Prior Amount				Amt. Incurred this Period	_		
Michael Johnston]				217.	.80			
Address													Outstanding Balance	
5956 McJessy Dr													•	.00
City		Zip Code		Loa	ns Receiv	ed This	Perio	xd.	1			Рауп	neuts This Period	
Westerville	O H	43081		Date Amount			Amount	Date				Amount		
Date Loan was originally	M		Y	M	Ð	Y	s		M		D	Y	S	
Incurred	0 6	1191	13	0 6	1 9	113	;	217.80	01	8	113	113	217	7.80
Registration Number, if PAC				М	Đ	Y	Ī		M!		D	Y		
Employer/Occupation/Labor Organization	*			M	D	Y	1		M)		D	Y	1	
Teleperformance/Dev		ent			1	1			1		1	1 1		
From Whom Received									Prior	Αm	ount	<u> </u>	Amt. Incurred this Period	
									l					
Address		·											Outstanding Balance	
City	State	Zip Code	Loans Received This Period				nd	Pavi				nents This Period		
1	1 1	1.			Date			Amount	l		Dat	•	Amount	
Date Loan was originally	M	D	Y	M!	D	Y	s		M		D	Y	<u>Is</u>	
Incurred	1 1				li	lı	ı				1	1 1		
Registration Number, if PAC	<u> </u>			M	D	Y	T		М		D	Y		
Employer/Occupation/Labor Organization*				Mı	D .	Y	╅		M!		D	Y		
											1	1 1		
From Whom Received						•			Prior	Αп	ount	•	Amt. Incurred this Period	
Address													Outstanding Balance	
City	State	Zip Code		1.00	ns Receiv	ed This	Perio		г			Pavr	nents This Period	
Date								Da	-	Amount				
Date Loan was originally	Mi	D	Y	M!	D	Y	s	****	М		D	Y	s	
Incurred ,			1	li	1		1				1 1	1 1		
Registration Number, if PAC	1			M ^I	D	Y	T		М		D	Y		
Employer/Occupation/Labor Organization	17			М	D	Y ,	\dagger		М		D	Y	<u> </u>	
					<u> </u>	<u> </u>	上		<u> </u>			ļ	<u> </u>	
* Decision of the appetulations over \$100 to	المراجعة المستعدد				as Ifaan	eibutae ii	c calf	amployed occupation an	d the r	-0 m	of the in	diridusl'e	husinass	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Tran	sfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2
	res (Form No. 31-B), Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	217.80	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	217.80	(also record on Form 31-
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)

^{*} 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)