Statement of Loans Received

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Page		

Prescribed by Secretary of State 3/03

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Full Name of Committee Citizens To Retain Hood	<u> </u>											
From Whom Received James E. Hood						Prior Amount \$10,000.00			Amt. Incurred this Period \$0.00			
Address 8490 Lucerne Drive											. :	Outstanding Balance \$3,500.00
^{City} Reynoldsburg	St ate OH	Zip Code 43068		Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred	1 2	3 O	1 4	М	D	Y	\$		м 1 2	0 3	1 5	\$ \$6,500.00
Registration Number, if PAC		•		М	D	Ÿ			М	D	Y	
Employer/Occupation/Labor Organization	on*			М	D	Y			М	D	Y	
From Whom Received						•		,	Prior Am	ount		Amt. Incurred this Period
Address					_							Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount			riod Amount	Payments This Period Date Amount				
Date Loan was originally Incurred	M	D	Y	М	D	Y:	S		М	D	Y	\$
Registration Number, if PAC				M	D	Y			М	D	Y	
Employer/Occupation/Labor Organizati	011*			M	D	Y:			М	D	Y,	
From Whom Received				•			•		Prior Am	ount	•	Amt. Incurred this Period
Address									***	¥		Outstanding Balance
City	St ate OH	Zip Code	<u> </u>		Loan Date	s Recei	ved This Per	riod Amount		F Date	ayments	This Period Amount
Date Loan was originally Incurred	М	D :	Y	M	D	Y	S		M .	D	Y	\$
Registration Number, if PAC			_1	М	D	Y			М	D	Y	
Employer-Occupation/Labor Organization*			М	D	Y			M	D	Y		
* Required for contributions from i	ndividuals (over \$100	to statewi	de and g	eneral as	sembly	candidate	s. If contribu	tor is self	-employe	d, 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).

¹ Total prior amount \$\$10	,000.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$	\$6,500.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$3,500.00	(To Form No. 30-A)

^{*} 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)]