## Statement of Loans Received

				ed by Secretar							
Full Name of Committee	the	to EI	بلس م	Brx	/ q I	1 Stewa	-9				
From Whom Received							Prior Am	ount		Amt. Incurred this Period	
Full Name of Committee  Committee to Elect Bryand Steven  From Whom Received Bryan Stevent  Stanged  Address  3 3 North High Street  City  Columbia OH 43215  Date Amount							107443			0	
Address 33 Nonth	H,	54 Str	ent	-						Outstanding Balance	
Columbus	St ate OH	Zip Code 43215	-	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y	M 5	DY		19280	М	D	Y	S	
Registration Number, if PAC	L	J	М	031	1	110	M <sub>.</sub>	D	Y		
Employer/Occupation/Labor Organization*				1211		200	М	D	Y;		
From Whom Received						-	Prior Am	юши		Amt, Incurred this Period	
Address										Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	M	D Y	M ⊘_5	-09 I	1	237.50	M	D	Υ'	S	
Registration Number, if PAC				051	-1	334.13	M	D.	Y		
Employer/Occupation/Labor Organization*				D Y	Υ.		М	D	Y	<u> </u>	
From Whom Received						<del></del>	Prior An	nount	<u>.l</u>	Amt. Incurred this Period	
Address	· · · · · · · · · · · · · · · · · · ·	······································		;						Outstanding Balance	
City	St ate OH	Zip Code		Loads Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	М	D Y	М		Y.	\$	М	D	Y	S	
Registration Number, if PAC	<u> </u>	<u> </u>	М	D	Υ.	-	М	D .	Y		
Employer/Occupation/Labor Organization*				D	Y,		M	D	Y		
<ul> <li>Required for contributions from the individual's business, if any, labor organization of which the e</li> </ul>	rather than er	mployer should be	listed, If t	lwo or more	empl	oyees contribute via pa					
If a loan is forgiven, write "Fo			g Balance	" space. Tr	ansf	er total of all loans r	eceived	this per	iod to th	ne 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).

<sup>1</sup> Total prior amount \$ \$0.	00	<u> </u>
<sup>2</sup> Total received this period S	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period S _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance S	\$0.00	1074.43 (To Form No. 30-A)