Statement of Loans Received

| Page | |
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Prescribed by Secretary of State 3/05

| Full Name of Committee | " 0 1/ ; | | |
|---|---|--|---|
| aitizens for May | shall Spalding | Prior Amount | Amt. Incurred this Period |
| From Whom Received Marshall A. Spale | duig | 3800,00 | 55,4/ Outstanding Balance |
| 1940 6 Cenhand Ct Ro | enoldsburg | | 3855.41 |
| Ranglashung 5H 43068 | Loans Received This Period Date Amount | Payments Date | This Period Amount |
| Date Loan, was | M40413 55.41 | M D Y | \$ |
| originally Incurred Registration Number, if PAC | M D Y | M D Y | |
| Employer/Occupation/Labor Organization* | M D Y | M D Y | |
| From Whom Received Marshall 1 Syald | ng | Prior Amount 3855-41 | Amt, Incurred this Period 34,2 Outstanding Balance |
| 1940 Clenford Ct | | | 3889.62 |
| Runald Stuno OH 43068 | Loans Received This Period Date Amount | Date | This Period |
| Date Loan was 0/2/13 | 0133 34.21 | M D Y | |
| Registration Number, if PAC | M D Y | M D Y | |
| Employer/Occupation/Labor Organization* | M D Y | M D Y | |
| | | | |
| From Whom Received | die | Prior Amount 389,62 | Amt. Incurred this Period |
| | lding | 1 3017 00 | Amt. Incurred this Period 160,49 Sytstanding Balance 4050.11 |
| From Whom Received Nawhall A Spot Address 1940 Glan For a Ct City State Zip Code | Loans Received This Period | Payments | 160.49 |
| From Whom Received Nawhall A Spot Address 1940 Glan Ford Ct | Date Amount M D Y \$ | 3009.02 | Systanding Balance 94050.11 |
| From Whom Received Nawhall A Spot Address 1940 Glan For a Ct City, Reynoldshur C OH 43068 | Date Amount | Payments Date | Systanding Balance 94050.11 |
| From Whom Received Nanhall A Spot Address 1940 Gly for a Ct City, Reynoldshur OH 43068 Date Loan was originally Incurred. Date Loan was originally Incurred. | Date Amount M. D Y 3 / 60:49 | Payments Date Date Y Y | Systemoting Balance 94050.11 |
| From Whom Received Nawhall A Spot Address 1940 Glan For a Ct City Rely bloods bur C OH 1/3068 Date Loan was originally Incurred Registration Number, if PAC | Date Amount M. D. Y. S. / G. 9 M. D. Y. M. M. D. Y. M. | Payments Date Mi | Sytstanding Balance 94050.45 This Period Amount S |
| Address 1940 GLU For a Ct City Regulatory Code Date Loan was originally Incurred * Required for contributions from individuals over \$100 to statewing the individual's business, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than emp | Date Amount M. D. Y. S. / 60,49 M. D. Y. M. M. D. Y. M. M. D. Y. M. | Payments Date M D Y M D Y M D Y tor is self-employed, the occurroll deduction and exceeds ecceived this period to the | Statement of Other |
| Address 1940 GLU For a Ct City, Regulated Color State Zip Code Date Loan was originally Incurred Registration Number, if PAC * Required for contributions from individuals over \$100 to statewing the individual's business, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than is forgiven, write "Forgiven" in the "Outstanding Income (Form No. 31-A-2). Transfer total of all payments in | Date Amount M. D. Y. S. / 60,49 M. D. Y. M. M. D. Y. M. M. D. Y. M. | Payments Date M D Y M D Y M D Y tor is self-employed, the occurroll deduction and exceeds ecceived this period to the | Statement of Other |
| Address 1940 GCU FOU COLE City, Clay State Zip Code City, Clay State Zip Code City, Clay State Zip Code OH U3068 Date Loan was originally Incurred Cole Cole Cole Cole Cole Cole Cole Cole | Date Amount M. D. Y. S. / 60,49 M. D. Y. M. M. D. Y. M. M. D. Y. M. | Payments Date M D Y M D Y M D Y tor is self-employed, the occurroll deduction and exceeds ecceived this period to the | Statement of Other |
| Address 1940 GLCH For a Ct City, State Zip Code Registration Number, if PAC * Required for contributions from individuals over \$100 to statewith the individual's business, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employees and the individual's business, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employer should be liabor organization of which the employees are members, if any, rather than employees are members, if any, rather than employees are members, if any, rather than employees are members and rather than employees are members, if any, rather than | Date Amount M. D. Y. S. / G.O.49 M. D. Y. M. M. D. Y. M. M. D. Y. M. | Payments Date M D Y M D Y M D Y tor is self-employed, the occurroll deduction and exceeds ecceived this period to the | Statement of Other |