31-C R.C. 3517.10

Statement of Loans Received

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Page		_	

			Prescrib	ed by Sec	etary of	State 3/05				
Full Name of Committee Friends of Mark McKenzie)					·	<u>-</u>			
From Whom Received Mark McKenzie							Prior Arr \$0.0			Amt. Incurred this Period \$400.00
Address 1014 Lancaster Ave				· 				,	· · · · · · · ·	Outstanding Balance \$400.00
^{City} Reynoldsburg	St. attc	Zip Code 43068		Loan Date	s Receiv	ed This Period Amount		Date	Payments '	This Period Amount
Date Loan was originally Incurred	м 0 6	D Y 3 0 1 5	М	D	Y	S	M	D	Y	\$
Registration Number, if PAC			М	D	Y		M	D	Y	- ·-·
Employer/Occupation/Labor Organization	DiO.*		М	D	Y		М	D	Y	
From Whom Received							Prior An	nount	• •	Aunt. Incurred this Period
Address							š			Outstanding Balance
City	St ate OH	Zip Code		Loan Date	s Receiv	ed This Period		Date	Payments	This Period Amount
Date Loan was	М	D Y	М	D	Y	5	М	D	Y	5
Registration Number, if PAC	·• ·	· · · · · · · · · · · · · · · · · · ·	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organizati	on.*		M	D	Y		M	D	Y	
From Whom Received				•		•	Prior An	nount		Amt. Incurred this Period
Address			<u></u>							Outstanding Balance
City	St ate OH	Zip Code		Loan Date	s Receiv	red This Period Amount		Date	Payments	This Period Amount
Date Loan was	М	D Y	М	D	Y.	S	M	D	Y	s
Registration Number, if PAC	_ 		М	D	Y		M	D	Y	
Employer/Occupation/Labor Organizati	ou*		M	D	Y		M	D	Y	
 Required for contributions from it the individual's business, if any, re- labor organization of which the er 	ither than e	mployer should be li	sted. If	two or m	ore emp	oloyees contribute via p	utor is self payroll dec	f-employe duction a	ed, the oc nd exceed	cupation and the name of the aggregate of \$100, th

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).

Total prior amount \$ \$0.	00	
² Total received this period \$	\$400.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$400.00	(To Form No. 30-A)