## 31-C R.C. 3517.10

## FOR PAPER FILING ONLY

**Statement of Loans Received** 

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Page		

Prescribed by Secretary of State 3/05

Reset Form

Full Name of Committee The Committee To Ele	ect Aa	ron Moore Ir	nto The Dublin Board Of Educ	cation	
From Whom Received Aaron Moore			Prior Amount 0.00	Amt, Incurred this Period 250.00	
Address 8127 Aston Way		Outstanding Balance 250.00			
City Dublin	Strate OHD	Zip Code 43016	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was	м 0 6	2 9 0 9	0 6 2 9 0 9 50.00	M D Y	S
Registration Number, if PAC		$0^{M}$ $2^{D}$ $8$ $0^{9}$ $100.00$	M D Y		
Employer/Occupation/Labor Organization*			0 8 0 4 0 9 100.00	M D Y	
From Whom Received Aaron Moore				Prior Amount 250.00	Amt, Incurred this Period 300.00
Address 8127 Aston Way		Outstanding Balance 550.00			
City Dublin	St ate OH	Zip Code 43016	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was	0 8	0 5 0 9	0 8 0 5 0 9 100.00	M D Y	S
Registration Number, if PAC			0 <sup>M</sup> 8 1 1 0 9 150.00	M D Y	
Employer/Occupation/Labor Organization*			0 8 1 9 0 9 50.00	M D Y	
From Whom Received Aaron Moore				Prior Amount 550.00	Amt, Incurred this Period 110.56
Address 8127 Aston Way		Outstanding Balance 260.56			
City Dublin	Strate OH	Zip Code 43016	Loans Received This Period Date Amount	Date	s This Period Amount
Date Loan was originally Incurred	o <sup>M</sup> 9	1 8 0 9	0 9 1 8 0 9 110.56	M D Y	S
			M D Y	M D Y	
Employer/Occupation/Labor Organization*		M D Y	M D Y		
* Passignal for contributions from in	dividuals	over \$100 to statew	de and general assembly candidates. If contribu	tor is self-employed, the o	ecupation 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).

<sup>1</sup> Total prior amount S0		
<sup>2</sup> Total received this period S	660.56	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$_	0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	260.56	(To Form No. 30-A)
Town or washing a second of		Print Form

<sup>\*</sup> 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)]