2010 Post gen'L Amo.

31-C R.C. 3517.10 1

Statement of Loans Received 25 PM 1: 17

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Full Name of Committee Committee for Mike Holbro	ook					30	DARE) OF	ELEC	YTHI NOTE:	3
From Whom Received Michael Holbrook		•		-	•		P	rior Am \$6,0	ount 100.00		Amt. Incurred this Period
Address 982 North Sixth Street							,	1			Outstanding Balance \$0.00
City Columbus	St ate OH	Zip Code 43201	Loans Received This Period Date Amount			i .	Payments This Period Date Amount				
Date Loan was originally Incurred	0 7	$\begin{bmatrix} 0 \\ 3 \end{bmatrix} \begin{bmatrix} 0 \\ 1 \end{bmatrix} \begin{bmatrix} 1 \\ 0 \end{bmatrix}$	M	D	Y	s <u>'</u>		1 1	2 2	1 0	\$ \$1,000.00
Registration Number, if PAC			M	D	Y	; ; ;		1 2	0 3	1 0	\$5,000.00
Employer/Occupation/Labor Organization	n*		M	D	Yį	1		М	D	Y	
From Whom Received		·					1	rior Am	ount		Amt. Incurred this Period
Address						1		**	a Lartin ca E	,	Outstanding Balance
City	St ate OH	Zip Code		Loans Date	Receiv	ed This Period Amount			P Date	'ayments	This Period Amount
Date Loan was	M	D Y	М	D	Y	S		M	D	Y	S
Registration Number, if PAC		· · · · · · · · · · · · · · · · · · ·	M	D	Yi			M	D	Y	
Employer/Occupation/Labor Organization	on*		М	D	Y			M	D	Y	
From Whom Received				, ,		i i	F	rior Am	ount	•	Amt. Incurred this Period
Address			,			• • •		, ,	٠,		Outstanding Balance
City	St ate OH	Zip Code	Ι	Loans Date	Receiv	ed This Period Amount	t		Date	Payments	This Period Amount
Date Loan was	M _.	D	М	Đ	Y	S		M	D	Y	\$
Registration Number, if PAC	•	· · · · · ·	M	D	Yi			M	D	Y	
Employer/Occupation/Labor Organizati	on*		M	D	Y			М	D	Y	
* Described for equality tions from it	و واويات الانتاب	C100 to statemis	le and a	omoral ass	omble	oundidates If con	atributor	ic colf	amploye	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).

Total prior amount \$\$6,00	00.00	•
² Total received this period S	\$0.00	(To Form No. 31-A-2)
³ Total payments this period S	\$6,000.00	(To Form No. 31-B)
⁴ Total Outstanding Balance S	\$0.00	(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)]