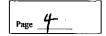
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Katz											
From Whom Received Brian L Katz								Prior Amount \$1,000.00			Amt. Incurred this Period \$0.00
Address 3288 Scioto Bend Dr						·			1,		Outstanding Balance \$50.00
City Hilliard	St ate OH	Zip Code 43026		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	0 1	2 3 1	3	_M 	D	Y	\$	0 3	1 9	1 3	\$ \$950.00
Registration Number, if PAC		, J		M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					D	Y		M	D	Y	
From Whom Received								Prior An	nount		Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Алюипt				
Date Loan was originally Incurred	М	D	Y	M	D	Y	s	M	D	Y	s
Registration Number, if PAC		•		M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	
From Whom Received						<u> </u>	<u> </u>	Prior An	nount		Amt. Incurred this Period
Address		···						Sign of		**************************************	Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was	M	D	Y	М	D	Y	S	M	D	Y	s
Registration Number, if PAC				М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y	
* Required for contributions from	individuals c	ver \$100 to sta	atewide	and ge	eneral as	sembly	candidates. If contrib	utor is sel	f-employe	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).

¹ Total prior amount \$\$1,000.00	
² Total received this period \$ \$0.00	(To Form No. 31-A-2)
³ Total payments this period \$\$950.0	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ \$50.00	(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)]