Statement of Loans Received

	1	
Page		-

Prescribed by Secretary of State 3/05

			<u> </u>		
Full Name of Committee					
Committee for Crysta Per	nnıngtoı	1			
From Whom Received				Prior Amount	Amt. Incurred this Period
Carla Morrow				\$0.00	\$3,300.00
Address	_				Outstanding Balance
4631 Sylvan Oak Drive					\$3,300.00
		,			Ψ5,500.00
City	St ate	Zip Code	Language and the second	_	
Trotwood	ОН	45426	Loans Received This Period Date Amount	Date Payments	This Period Amount
	М	D Y _I	M D Y ₁ S	M D Y	Is Albour
Date Loan was	1 0	1 5 1 6	1 0 1 5 1 6 \$3,300.00	1	\$0.00
originally Incurred	0	1 1 3 1 1 10			
Registration Number, if PAC			M D Y	M D Y	
		-			
Employer/Occupation/Labor Organization	n*		M D Yi	M D Y	
From Whom Received					
Crysta Pennington				Prior Amount \$0.00	Amt. Incurred this Period
Crysta Fermington				\$0.00	\$1,000.00
Address		- , -		1	Outstanding Balance
5515 Wolf Run Dr.				}	\$1,000.00
City	St ate	Zip Code	·		
Gahanna	OH	43230	Loans Received This Period	Payments This Period	
			Date Amount	Date	Amount
Data I	M	P _i Y _i	M D Y S	M D Y	S
Date Loan was	1 0	1 5 1 6	1 0 1 5 1 6 \$1,000.00		\$0.00
originally Incurred Registration Number, if PAC	<u>'</u>	<u> </u>	M D Y	MDY	
Registration (*united), it FAC					
			17.88		
Employer/Occupation/Labor Organization*			M D Y	M D Y	
			100		
From Whom Received				Prior Amount	Amt, Incurred this Period
					0 " "
Address				F	Outstanding Balance
1					
City	St ate	Zip Code		,	
	ОН	1	Loans Received This Period		This Period
== ,	M	D Y	Date Amount M D Yi S	Date M D Y	Amount 1c
Date Loan was	''i	1 1	"i 'i 'i I'		ľ
originally Incurred					
Registration Number, if PAC	·	1 ,	M D Yı	M D Y	1
]		
Employer/Occupation/Labor Organization* M				M D Y	
Employer/Occupation/Labor Organizatio	n-		M D Y		
			13 (1994)		
* Required for contributions from in	dividuals (over \$100 to statewic	le and general assembly candidates. If contribu	tor is self-employed, 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 \$\$0			
² Total received this period S	\$4,300.00	(To Form No. 31-A-2)	
Total payments this period \$ _	\$0.00	(To Form No. 31-B)	
⁴ Total Outstanding Balance S _	\$4,300.00	(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)]