## Statement of Loans Received

			Prescribed by Se	cretary or	State 3/03				
Full Name of Committee Citizens for Chris Long									
From Whom Received Sandra Long						Prior Amount \$2,000.00			Amt. Incurred this Period \$3,500.00
Address 1675 Haft Drive		- 40							Outstanding Balance \$5,500.00
City Reynoldsburg	St ate OH	Zip Code 43068	Loans Received This Period  Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred	0 2	2 8 1 7	M D D 1 3		\$ \$1,000.00	M	D	Y	\$ \$0.00
Registration Number, if PAC			0 <sup>M</sup> 9 0 8	1 7 7	\$2,500.00	М	D	Y	\$0.00
Employer/Occupation/Labor Organiz	zation*		M D	Y		M	D	Y	
From Whom Received Chris Long	1			Prior Amount \$501.93			Amt. Incurred this Period \$0.00		
Address 1675 Haft Drive									Outstanding Balance \$501.93
City Reynoldsburg	St ate OH	Zip Code 43068	Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred	0 4	D Y 1 7	M D	Y	S	M	D	Y	\$ \$0.00
Registration Number, if PAC		<u> </u>	M D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			M D	Y		М	D	Y	
From Whom Received			<u> </u>		•	Prior Ar	nount		Amt. Incurred this Period
Address									Outstanding Balance
City	St ate	Zip Code	Loans Received This Period Date Amount			Payments This Period  Date Amount			
Date Loan was originally Incurred	М	D Y	M D	Y	\$	М	D	Y	S
Registration Number, if PAC			M D	Y		М	D	Y	,
Employer/Occupation/Labor Organization*			M D	Y		М	D	Y	
* Required for contributions from the individual's business, if any	m individuals o		de and general	assembly		utor is sel	f-employe	ed, the oc	

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 \$\$2,	501.93	
<sup>2</sup> Total received this period \$	\$3,500.00	(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 \$ _	\$6,001.93	(To Form No. 30-A

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]