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Statement of Loans Received

Prescribed by Secretary of State3/05

					Scribed b	,	.,								
Full Name of Committee			-						•						
Citizens for a Strong C	<u>Gahan</u>	na													
From Whom Received						Prior Amount					t. Incurred this Period				
Citizens for Jollev					500.00					750.00					
Address						_							Оці	standing Balance	
187 Regents Road														250.00	
City		Zip Code					Paym					nents This Period			
Gahanna	OH	43230)		Date	Amount			Date					Amount	
Date Loan was originally	M	D	Y	M	Ð	Y	S		M	Ī	D	Y	S		
Incurred	0 2	2 7	1 3	0 4	2 9	1 3		750.00	0 6	<u> 5</u>	<u>0 7</u>	113	3	1000.00	
Registration Number, if PAC				M ₁	D 	Y			M		D	Y			
Employer/Occupation/Labor Organization*				M·	D 	Y			M		D	Y			
From Whom Received						Prior Amount Amt. Incurred this Pe				t. Incurred this Period					
Address										Out	standing Balance				
City	State	Zip Code	:	Loans Received This Period Date Amount			Paym Date				ments	nents This Period Amount			
Date Loan was originally	Mı	D	ΙΥ	M ⁱ	D	Y	S	•	M:	Т	D	Y	S		
Incurred	1 1	lт	1 1	li	l 1	1					1		ı		
Registration Number, if PAC	<u> </u>	<u> </u>	<u> </u>	M ^c	D	Ý			M ¹		D	Y			
Employer/Occupation/Labor Organization*			M [‡]	D I	Y			M	1	D 1	Y	Ī			
From Whom Received					Prior Amount Amt. Incurred				t. Incurred this Period						
Address													Out	standing Balance	
City	State	Zip Code	•	Loans Received This Period Date Amount				Payn Date					This Period Amount		
Date Loan was originally	M	D	ΙΥ	M ¹	D	Y	S	•	M ₁	I	D	Y	S		
Incurred			1				1				1	-			
Registration Number, if PAC			M ¹	D	Y			M ¹	Ì	D	Y		-		
Employer/Occupation/Labor Organization*				M'	D	Y	T		M	1	D 1	Y			
		-			<u> </u>	, '	1	···	<u>'</u>	_ 1					

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 Total Outstanding Balance to the cover page (Form No.	

1	Total prior amount \$	500.00_	
2	Total received this period \$	750.00	(To Form No. 31-A-2)
3	Total Payments this Period S	1,000.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	250.00	(To Form No. 30-A)

[•] Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)