## **Statement of Loans Received**

Page 6

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Larry Jenki	ns										
•	· · · · · · · · · · · · · · · · · · ·							Vn :			<b>.</b>
From Whom Received Larry C. Jenkins									00 00	Amt. Incurred this Period \$2,000.00	
Address										Outstanding Balance	
58 West College Aver	ue										\$2,000.00
City	St ate Zip Code										
Westerville	OH	OH   43081			Loans Received This Period Date Amount				Date	This Period Amount	
	M	Ð	Y	М	D	Y	S	М	D	Y	S
Date Loan was originally Incurred	0 8	0 6	1 3	0 8	0 6	1 3	\$2,000.00				
Registration Number, if PAC			•	М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
						<u> </u>	Ļ			<u> L</u>	
From Whom Received								Prior Amount Amt. Incurred this Per			
Address											Outstanding Balance
City	St ate										
	OH	Loans Received This Period Date Amount				Payments This Period Date Amount					
	M	D	Y	M	D	Y	S	M	T D	Y	S
Date Loan was originally Incurred										·	
Registration Number, if PAC		r		М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y		
				1						1 .	
From Whom Received				<u> </u>	1		. <u>.                                   </u>	Prior An	Prior Amount Amt. Incurred this Period		
Address						-					Outstanding Balance
0:	St ate	7:-0-1									
City	OH	Zip Code	·	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was	М	D	Y	M	D	Y	S	М	Ð	Y	\$
originally Incurred		<u> </u>	<u> </u>	1		<u> </u>			<del></del>	<u> </u>	
Registration Number, if PAC				М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y	<del>                                     </del>	
			[ "		'						
					·	1					ccupation and the name o

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 S\$0.0	00	
<sup>2</sup> Total received this period <b>\$</b>	\$2,000.00	(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 \$ _	\$2,000.00	(To Form No. 30-A)

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