31-	С		
R.C.	35	17.	10

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Statement of Loans Received

Prescribed by Secretary of State3/05

	· · · · · · ·			,							
Full Name of Committee											
Citizens for Demro From Whom Received							In :		 .	Amt. Incurre	dati neda
							Prior F	Amount		Ami. incurre	29.00
Ryan Demro Address							2 (···	Ar : .	Outstanding	
598 Wickham Way										Outstanding	29.00
City	State Zip Code	Loa	ns Receiv	ed This	Period				Pavm	ents This Per	
Gahanna	O H 43230		Date			Amount	1	Da	te		Amount
Date Loan was originally	M D Y	M	D	Y	\$		М	D	Y	s	-
Incurred	0 6 1 8 1 3									<u></u>	
Registration Number, if PAC		M	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*		М	D	Y			М	D	Y		
From Whom Received	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · ·			Prior A	Amount	<u> </u>	Amt. Incurre	d this Period
Ryan Demro							1			1	29.00
Address								<i>y</i>		Outstanding	
598 Wickham Way									. "		29.00
City	State Zip Code	Loa	ns Receiv	ed This	Period				•	ents This Per	
Gahanna	O H 43230		Date	,		Amount	_]	Da			Amount
Date Loan was originally	M D Y	М	D	Y	\$		М	D	Y	S	
Incurred	0 7 1 8 1 3			<u> </u>	1		 	D	Y	├	
Registration Number, if PAC		М	D	Y 			М		1		
Employer/Occupation/Labor Organization*		M	D	Y			М	D	Y	1	
From Whom Received			<u> </u>	! . ! .			Drior	Amount		Amt. Incurre	d this Deriod
Ryan Demro							PILOT	Amoun		Am. meane	29.00
Address								ī		Outstanding	
598 Wickham Way							1				29.00
City	State Zip Code	Loa	ns Receiv	ved This	Period				Payn	ents This Per	iod
Gahanna	O H 43230		Date		_	Атоилт		Da			Amount
Date Loan was originally	M D Y	М	D	Y	\$		М	D	Y	\$	
Incurred	0 8 1 8 1 3				↓		1	- ↓_	1	↓	
Registration Number, if PAC		М	D	Y	1		М	D	Y	1	
Employer/Occupation/Labor Organization*	, , , , , , , , , , , , , , , , , , , 	М	D	Y	T		М	Đ	Y		
			l!	I						<u> </u>	·,
* Required for contributions over \$100 to st.	atewide and weneral assembly	candidate	es If cont	ributor is	: self-emn	loved occupation a	and the na	me of the i	ndividual's	business.	

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 (Fo	mn 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 (F	orm No. 30-A)

3	Total prior amount \$	0.00	
2	Total received this period \$	87.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	87.00	(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)