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## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee				<del></del>								
Citizens For Jolley									ta			T
From Whom Received								Prìor Ar	nount	0.00	Amt. Incurred this Period	
Ryan P. Jolley											0.00	1,700.00
Address	4 . D											Outstanding Balance
617 Meadow Green,		Territoria										1,700.00
City	State Zip Code Loans Received This Period								Payments This Period			
Gahanna		43230	T		Date	1 0	1.	Amount	1	Date		Amount
Date Loan was originally	М	D	Y	M	D	Y	\$	500.00	М	D	Y :	\$
Incurred	0 3	1 0	1 1	0 3	1 0	1 1	<del> </del>	500.00	•	<del>                                     </del>	<u> </u>	<b> </b>
Registration Number, if PAC				M	D	Y	1	1 000 00	М	D	Y	
				0 3		1 1		1,000.00	М	D	Y	
Employer/Occupation/Labor Organiz	ation.			M	D	Y   1   1	1	200.00		ע	'.	
Staff Management				0 7	0 1			200.00				Aint, Incurred this Period
From Whom Received									Prior Ar	nount		Affic. incurred this relied
Address											ρ ··· ·	Outstanding Balance
City	State	Zip Code		T 10:	os Pacai	vad Thie	Period		Payments Th			ents This Period
	"""	L.P 444	-	Loans Received This Period  Date Amount					Date			Amount
Date Loan was originally	м	D	ΙΥ	M:	D	ΤΥ	\$		M	D	Y	\$
Incurred					1 :	1 :				1 :	}	
Registration Number, if PAC	1 +	1 :	<u> </u>	м	D	Y	+		М	D	Υ	
					1 :		1		1	1 1		
Employer/Occupation/Labor Organiz	ation*			М	D	Y	1		М	D	Y	
						1 :				1 :		1
From Whom Received		•		4	<u></u>	1			Prior Ar	nount	•	Amt. Incurred this Period
Address											A Mach	Outstanding Balance
									•			
City	State	Zip Code	е	Loa	ns Recei	ved This	Period		T -		Paym	ents This Period
	] [				Date			Amount		Dat	e	Amount
Date Loan was originally	- М	D	Y	М	D	Y	\$		M	D	Y	\$
Incurred												
Registration Number, if PAC				М	D	Y			м	D D	Y	
Employer/Occupation/Labor Organiz	ration*			М	D	Y			Μ.	D ;	Y	
						!			1			<u> </u>
* Required for contributions over \$1 if any, rather than employer should the employees are members, if any,	be listed. If t must appea	two ormo ir. R.C. 35	re emplo 517.10(B	yees don )(4)	ate via p	ayroll de	duction	and exceed the agg	regate o	f \$100, t	he labor (	organization of which
If a loan is forgiven, write "Forgiven" Transfer total of all payments made		-										
1 Total prior amount \$			0.00	-								
<sup>2</sup> Total received this period \$	1,700.00					(To Form No. 31-A-2)						
3 Total Payments this Period \$	<u>0.00</u> (al					(also record on Form 31-B)						
4 Total Outstanding Balance \$	1,700.00 (To Form No. 30-A)											