

## Page \_\_\_\_

## **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Full Name of Comm	ittee			,			
The state of Continue	17608	fod110	regull A.	Spalde	ng		
From Whom Received	12413	30111100	" Yunti 132	<del></del>	Prior Amount	Amt. Incurred this	Period
From Whom Received  Mar. S	shall A	4 Spa	lding		5000,00	Ant. mounds the	r enou
Street Address	= CCT	7				<b>Qutstanding Bala</b>	nce
1940 Glenford Ct.						Systemating Balan 45000	00
Street Address 1940 Glan Ford Ct.  City Reguald Shung OH 43068			Loans Received This Period		Payments Received This Period		
Da	ate of Original Loai	n (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
	2-11-1	9	2-11-19	5004 co			
Registration Number, if PA	C	, , , , , , , , , , , , , , , , , , ,	Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		
From Whom Received					Prior Amount	Amt. Incurred this	Period
Street Address						Outstanding Bala	nce
City	State	Zip Code	<u> </u>				
ОН			Loans Received This Period		Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)			Date of Loan (MM/DD/YYYY)	of Loan (MM/DD/YYYY) Amount Date of Payment (MM/DD/YYYY)		D/YYYY) Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	ate of Loan (MM/DD/YYYY) Amount Da		D/YYYY) Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MM/D	D/YYYY) Amount	
name of the individual's bu aggregate of \$100, the laborate	siness, if any, rath or organization of v	er than employer s which the employed	ride and general assembly car hould be listed. If two or more as are members, if any, must	employees contrib also appear. [R.C.	oute via payroll deduction 3517.10(B)(4)]	on and exceed the	he
If a loan is forgiven, write "I (Form No. 31-A-2). Transfe Cover page (Form No. 30-	er total of all payme	utstanding Balance ents made in this p	e" space. Transfer total of all le eriod to the Statement of Expe	oans received this enditures (Form No	period to the Statement b. 31-B). Transfer Outsta	t of Other Income anding Balance to t	he
Total Prior Amount \$	50	00,00					
Total Received This	Period \$		(also re	(also record on Form 31-A-2)			
Total Payments Rece	eived this Perio	d \$	(also rec	(also record on Form 31-B)			
Total Outstanding Balance \$ 5000, 06				ord on Form 30-A	)		