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## Statement of Loans Received

Prescribed by Secretary of State3/05

r un co. in .						-								
Full Name of Committee  Potain Charlie Wilson	far +1	o Ma	-thin	rton C	chool	Roos	a Ca	mmittaa						
Retain Charlie Wilson for the Worthington School Board Committee  From Whom Received Prior Amount Amit, Incurred this Period														
Richard Wilson					1	500.00			James incurred and	0.00				
Address						_		, , , , , , , , , , , , , , , , , , ,	30.00	Outstanding Balance				
2576 Upton Avenue So	uth													500.00
City State Zip Code			Loans Received This Period						Payments This Period					
Minneapolis OIH 55405			Date Amount							Date	:	Amour	ıt	
Date Loan was originally Incurred	M	D _	Y	М	D	Y	S		М	ĺ	D	Y	(s	
	015	117	017				┢		1 1	+			<b>.</b>	<del></del>
Registration Number, if PAC				M	D	Y			M		D 	l Y	·	
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y		
From Whom Received						Prior Amount				Amt. Incurred this Period				
Address													Outstanding Balance	e
City	State	Zip Code	:	Loa	Loans Received This Period Date Amount					Payments This Period Date Amount				nt
Date Loan was originally	M	D	Y	M	D	Y	S		M]	Т	D	Y	s .	
Incurred		1 1									ı			
Registration Number, if PAC				М	Đ	Y			М		D 	Y		
Employer/Occupation/Labor Organization*				М	D	Y	<u> </u>		М	1	D I	Y	,	
From Whom Received					<u> </u>					Апю	ınt	! !	Amt. Incurred this Period	
Address Outstanding Balance														
City	State	Zip Code	•	Loans Received This Period Date Amount					Payments This Period  Date Amount				nt	
Date Loan was originally Incurred	M	D	Y	М	D	Y	s		М		D 	Y	s	
Registration Number, if PAC				М	D	Ý			М	Ī	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y			М	$\top$	D I	Ý			
Employer/Occupation/Labor Organization*  * Required for contributions over \$100 to statewide and general assembly						1	self-em	sloved occupation		ime o	1	<u> </u>	business.	

If a loan is forgiven, write "Forgiven" in the	"Outstanding Balance" space	. Transfer total of all loans	received this period t	to the Statement of Other Incor	ne (Form No. 31-A
Transfer total of all payments made in this p	period to the Statement of Exp	enditures (Form No. 31-B).	Transfer Total Outs	tanding Balance to the cover pa	age (Form No. 30-A

1	Total prior amount \$	500.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	500.00 (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)