Page_	1	_

Statement of Loans Received

Prescribed by Secretary of State3/05												
Full Name of Committee FRIPMS	of .	504	H	ARK	205							
From Whom Received TOY HARRIS						Prior A	mount		Amt. Incurred th			
From Whom Received JOY HARRIS Address 3446 Mark Twain AR City HILLIARD State Zip Code Date Amount									Outstanding Bal			
City HILLIARD	State O H	Zip Code	126	Loa	Loans Received This Period Date Amount				Date	-	ents This Period	юшпі
Date Loan was originally Incurred	М	D	Y	M 0 6	D	017	\$ 1,184	M 3 2	311	9 0 7	s 31	8
Registration Number, if PAC				М	D	Y		Ø C	30	0 ^Y /7	300	<u> </u>
Employer/Occupation/Labor Organization*				М	D	Y		j M		0 7	3	
From Whom Received						Prior A	mount		Amt. Incurred th	is Period		
Address Outstanding Balance									ance			
City	State	Zip Code	e	Loans Received This Period Date Amount					Date	-	ents This Period Am	i wunt
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				M	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y		
From Whom Received						Prior A	mount		Amt. Incurred th	is Period		
Address											Outstanding Bal	ance
City	State	Zip Code	2	Loans Received This Period Date Amount					Date	ents This Period Am	l nount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			1	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D ·	Y		М	D	Y			
*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) 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 Total Outstanding Balance to the cover page (Form No. 30-A).												
2 Total received this period \$ $\frac{1184}{1184}$ 0.00 (To Form No. 31-A-2)												

0.00 (also record on Form 31-B)

0.00 (To Form No. 30-A)

623

561

3 Total Payments this Period \$

4 Total Outstanding Balance \$