

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Stonewall Democrats of Central Ohio									
From Whom Received Eric Wyne					Prior Amount \$0.00		Amt. Incurred this Period \$300.00		
Address 3822 S Arlington Rd							Outstanding Balance \$300.00		
City Uniontown	State OH	Zip Code 44685	Loans Received This Period Date Amount				Payments This Period Date Amount		
Date Loan was originally Incurred 031612	M	D	Y	\$			M	D	Y
Registration Number, if PAC			M	D	Y	\$	M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y	\$	M	D	Y
From Whom Received					Prior Amount		Amt. Incurred this Period		
Address							Outstanding Balance		
City	State OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount		
Date Loan was originally Incurred	M	D	Y	\$			M	D	Y
Registration Number, if PAC			M	D	Y	\$	M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y	\$	M	D	Y
From Whom Received					Prior Amount		Amt. Incurred this Period		
Address							Outstanding Balance		
City	State OH	Zip Code	Loans Received This Period Date Amount				Payments This Period Date Amount		
Date Loan was originally Incurred	M	D	Y	\$			M	D	Y
Registration Number, if PAC			M	D	Y	\$	M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y	\$	M	D	Y

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$0.00

² Total received this period \$ \$300.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$300.00 (To Form No. 30-A)