## Statement of Loans Received

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Prescribed by Secretary of State 3/05

				FICSCITO	ca by sec	iciary or	. But 5/05	,				***************************************
Full Name of Committee Citizens for Rhodes												
From Whom Received Jeffrey D. Kaplan								Prior Amount \$1,000.00			Amt. Incurred this Period \$0.00	
Address 7373 Christie Chapel Rd.											Outstanding Balance \$1,000.00	
City Dublin	St ate OH	Zip Code 43017	Loans Received This Period  Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	0 5	<sup>D</sup> 2	0 8	М	D	Y	\$		M	D	Y	\$
Registration Number, if PAC				M <sub>i</sub>	D	Y			М	D	Y	
Employer/Occupation/Labor Organization* After Dark Graphics/Graphic Designer				M	D	Y			М	D	Y	
From Whom Received					<del> </del>	A marine Commercial Constraints		Prior Am	ount		Amt. Incurred this Period	
Address							,					Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period  Date Amount				eriod Amount	Payments T			This Period Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received				· Commission					Prior Am	ount		Amt. Incurred this Period
Address						······································						Outstanding Balance
City	St ate OH	Zip Code			Loans Received This Period  Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		···	М	D	Y	50 mm m m m m m m m m m m m m m m m m m	
* Required for contributions from inc	dividuals c	ver \$100	to statewic	le and go	eneral as	sembly	candidat	es. If contribu	tor is self-	employe	d, the oc	cupation and the name of

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).

Total prior amount \$\$1,0	00.00	
Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$1,000.00	(To Form No. 30-A

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)]