Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

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Full Name of Committee WHITNEY SMITH FOF	R OHIO										
From Whom Received WHITNEY SMITH							Prior Amount \$0.00			Amt. Incurred this Period \$1,000.00	
Address 820 BRYDEN ROAD						·					Outstanding Balance \$1,000.00
City COLUMBUS	St ate OH	Zip Code 43205		Loans Received This Period Date Amount			ed This Period Amount	Payments Date			This Period Amount
Date Loan was originally Incurred	м 0 4	3 0 1		4	0 1	Y 7	\$ \$1,000.00	М	D	Y	\$
Registration Number, if PAC	مينية البيسس <i>ـــــ</i>	I	N	4	D	Y		М	D	Y	
Employer/Occupation/Labor Organ WT SMITH CONSULTING L		, <u>.</u>	N	И	D	Y		М	D	Y	
From Whom Received					1			Prior An	nount	<u> </u>	Amt. Incurred this Period
Address			.,				······································				Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount			ed This Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	S	М	D	Y	S
Registration Number, if PAC	<u> </u>	!;	1	м	D	Y		М	D.	Y	
Employer/Occupation/Labor Organ	nization*		1	м	D	Y		М	D	Y	
From Whom Received				<u></u>				Prior Ar	nount	<u> </u>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code			Loans Received This Period		Payments This Period Date Amount				
Date Loan was originally Incurred	M	D	Y	Date M	D	Y	Amount \$	M.	Date	Y	\$
Registration Number, if PAC		<u></u>	1	М	D	Ÿ		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y	
* Required for contributions fr the individual's business, if a labor organization of which the	ny, rather than ei	nployer shoul e members, if	ld be listed any, must	l. If two also app	or mor pear. [F	e emp R.C. 3	loyees contribute via p	payroll de	f-employe duction a	ed, the or	ccupation and the name d the aggregate of \$100,

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 \$\$0.	00	
² Total received this period \$	\$1,000.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$1,000.00	(To Form No. 30-A)