3	1-	C	
R	c	3517	tí

Page	1

Statement of Loans Received

					Pre	scribed t	у	Secreta	uгy	of State3/05						
Full Name of Committee																
Franklin County Lib	ertar	iai	n Part	v												
From Whom Received				·							Pri	or Am	ount			Amt, Incurred this Period
Michael Johnston																217.80
Address 5956 McJessy Dr											:				, e- , e	Outstanding Balance 217.80
City	Sta		Zip Code		Loa	ns Recei	ve	ed This	P	eriod	П				Payn	ents This Period
Westerville	0	Η	4308	1	Date Amount						Date Amount					
Date Loan was originally	М		D	Y	M	D	T	Y	1	\$	N	4	D		Y	\$
Incurred *	0	6	$1 \mid 9$	1 3	0 6	1 9	1	1 3		217.80						
Registration Number, if PAC					M	D	I	Y			N	Ā	D		Y	
Employer/Occupation/Labor Organization	n*			•	M	D	Ť	Y	7		N	4	D	Τ	Y	
Teleperformance/Dev	velop	m	ent		1		l		ı		ĺ		1	ł	Į	
From Whom Received			*****								Pri	or Am	ount			Amt. Incurred this Period
Address				•							,	4			2 ₁₅	Outstanding Balance
City	Sta	ate	Zip Code	2	Loa	ns Recei Date	ve	ed This	P	eriod Amount						nents This Period Amount
Date Loan was originally	М		D	Y	M	D	Т	Y	7	\$	N	A	D	T	Y	\$
Incurred			1 1	1			١		ı					ł		
Registration Number, if PAC					М	D	T	Y	1		٨	4	D		Y 	
Employer/Occupation/Labor Organization	т*				М	D	Ī	Y			N	1	D 		Y	
From Whom Received											Pri	or Am	ount	_		Amt. Incurred this Period
Address											Out					Outstanding Balance
City	Sta	ate	Zip Code	2	Loa	ns Recei Date	ive	ed This	P	eriod Amount	Paym Date				Payn	nents This Period Amount
Date Loan was originally	М		D	Y	M	D	т	Y	1	r anount	_ N	Λİ	D	_	y	S
Incurred	'"		~	1 1	141		1	Ĺ	ľ	•		``	Ι'n		1	
Registration Number, if PAC	!!		<u> </u>	<u> </u>	М	D	†	Y			N	4	D	t	Y	
					1 1		4	!_			Ļ,	()		+	1	
Employer/Occupation/Labor Organization	on*				М	D 		Y 			ľ	Л	D		Y 	
* Required for contributions over \$100 t if any, rather than employer should be list the employees are members, if any, mus If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in the	sted. If tw tappear. the "Out	wo o R.C	nnore em 2. 3517.10 ding Bala	ployees de (B)(4) nce" space	onate via p	ayroll de	edi all	iction a	nd	exceed the aggregate of \$10	00, tl	ne labo	or organiz	atio	n of v Form	vhich No. 31-A-2).

1	Total prior amount \$	0.00	
2	Total received this period \$	217.80	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	217.80	(To Form No. 30-A)