



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Hoyle for UA City Council							
From Whom Received Michele M. Hoyle					Prior Amount -0-	Amt. Incurred this Period \$1,000.00	
Street Address 4175 Nottingham Gate Road						Outstanding Balance \$1,000.00	
City Upper Arlington	State OH	Zip Code 43220	<b>Loans Received This Period</b>		<b>Payments Received This Period</b>		
	Date of Original Loan (MM/DD/YYYY) 05/15/2017		Date of Loan (MM/DD/YYYY) 05/15/2017	Amount \$1,000.00	Date of Payment (MM/DD/YYYY)	Amount -0-	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
From Whom Received					Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
City	State OH	Zip Code	<b>Loans Received This Period</b>		<b>Payments Received This Period</b>		
	Date of Original Loan (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Registration Number, if PAC			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount	

\* 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).

Total Prior Amount \$ -0-

Total Received This Period \$ 1,000.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ -0- (also record on Form 31-B)

Total Outstanding Balance \$ \$1,000.00 (also record on Form 30-A)