Statement of Loans Received

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Page	<u></u>	

				Prescribed by S	CUTCHERY	of State 3/05	;				_	
Fall Name of Committee Committee to Elect Brad	McClou	d						••••		<u>"</u>		
From Whom Received Citizens for Stephanie McCloud							Prior Amount Amt. Incurred this Per \$500.00 \$0.00			Amt. Incurred this Period \$0.00		
Address 14 East Gay St., 2nd Floor							Outstanding Balance \$500.00					
City Columbus	St att	Zip Code 43215		Louis Received This Period Date			riod Amount	Payments This Period Date: Amount				
Date Loan was originally Incorred Registration Number, if PAC	м 0 8	0 4	0 9	M D	Y _j	\$ 	Automic Control of the Control of th	M M	D	Y	\$	
Employer/Occupation/Labor Organizat	ion*		-	M D	Y	<u> </u>		M	D	Y		
From Whom Received		· · · · · · · · · · · · · · · · · · ·				<u> </u>		Prior A	monet	1_1	Amt. Incurred this Period	
Address										1	Outstanding Balance	
City	State OH	Zīp Code		Loss Data	s Receiv	ed This Per	riod Amozat		Date	ryments	This Period Amount	
Date Loan was originally Incurred	M	D	Y	M D	Y	5	· · · · · · · · · · · · · · · · · · ·	M	D	Y	\$	
Registration Number, if PAC		.(M D	Y			М	D	Y		
Employer/Occupation/Labor Organization	ons*	-	•	M D	Y			М	D	Y		
From Whom Received								Prior Au	nound	- · ·	Amt. Incurred this Period	
Address			·								Outstanding Balance	
City	St sto OH	Zip Code		Loturs Received This Period Data Amount			ied Amount	Payments This Period Date Amount				
Date Loan was originally Incurred	M	Di .	Y	M D	Y	S		M	D	Υ	s	
Registration Number, if PAC				M D	Y			М	D	Y		
Employer/Occupation/Leher Organisasion	a*			M D	Y			М	D	Y		
Required for contributions from ins the individual's business, if any, rati- labor organization of which the emp a loan is forgiven, write "Forgi- acome (Form No. 31-A-2). Trans	icr than ear doyees are ven" in th	player should members, if a ee "Outstand	l be list my, mu ling Ba	ed, If two or mo st also appear. (dance" space.	re empli R.C. 35 Transfe	oyees conto 17.10(B)(4 ar total of	ribute via pay)] 'ali loans re	noll dedi	action and	l exceed ad to the	the aggregate of \$100, the Statement of Other	
alance to the Cover page (Form	No. 30-A		-	,			x		`		- · · · ·	
Total prior amount \$	\$0.00		ć	To Form No. 1	31-A-2)				•		
Total payments this period \$	¢0.00			(To Form No. 31-B)								

(To Form No. 30-A)

\$500.00

⁴ Total Outstanding Balance \$___