## Statement of Loans Received

					Prescribed	iby Secre	tary of S	State3/05						
Full Name of Committee											-	_		<del> </del>
Citizens for Chris Lor	ıg													
From Whom Received						_			Prior	Amo	uri			Amt. Incurred this Period
Chris Long											1,2	25.	00	0.0
Address								-						Outstanding Balance
1675 Haft Drive														Forgive
City		ZpCode		L	ans Receiv	ed This Pe	riod						Раут	ments This Period
Reynoldsburg	OH	4306	8		Date			Amount		Date			,.	Amount
Date Loan was originally	M	D	Y	M	D	Y	S	-	M		DI	Y	1	S
Incurred	06	1 9	1 3		1 1		1						l	144.7
Registration Number, if PAC		•		М	D	Y	十		M		D	Y	i	
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Employer/Occupation/Labor Organization*			"	M	Di	Y	1		M	$\neg$	Di	Y	<del>i</del>	<del></del>
Candidate							1						l	
From Whom Received								•	Prior .	Amo	uni		•	Amt. Incurred this Period
Address								•						Outstanding Balance
City State Zip Code			Loans Received This Period						Payments This Period					
				Date Amount							Dat	e	Amount	
Date Loan was originally	М	DI	Y	М	D	Y	S		M		Di	ΤY	1	ls
Incurred	1		1 1	1	1									
Registration Number, if PAC	1 '		<del>''</del>	ωi	Di	T Y i	+-		М	┪	DI	Y	<del> </del>	
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Employer/Occupation/Labor Organization*				MI	Di	Y	+		MI	┪	Di	Y	i	· · · · · · · · · · · · · · · · · · ·
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From Whom Received				<u> </u>	<u> </u>	<u>, , , </u>			Prior .	Amo	uni		•	Amt. Incurred this Period
Address														Outstanding Balance
City	State	Zip Code		1.	ans Receiv	ad TI≟ Da	uiod		_				D	manda This Deviced
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Date Loan was originally	М	DI	ΥI	MI	DI	Y	Is		Mi	- 1	DI	Y		ls
Incurred		-	[]		1-1	1 1	ľ			ı		^		ľ
Registration Number, if PAC	<u> </u>	<u>. '                                   </u>	<u> </u>	MI	Di	Y	╫		M	┪	D	Y	<del>!    </del>	
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Employer/Occupation/Labor Organization*				MI	Di	Y	╁		M	-	DI	Y	<del></del>	
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						<u> </u>	Щ.			!		<u>!</u>	1	<u> </u>
* Required for contributions over \$100 to statewi	do and pone	لسويو اوج	k-condidor	es liferen	rdenor ic co	Karraka w	ർ മാത്രജ	ration and the name of the	indicides:	le be	cinecc			
To a start and a start to the total form														

If a ban is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all bans 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	1,225.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	144.74	(also record on Form 31-
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)

the employees are members, if any, must appear, R.C. 3517.10(B)(4)