

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee TAMARA SHANYFELT FOR JACKSON TWP FISCAL OFFICER											
From Whom Received William Byrd						Prior Amount 0		Amt. Incurred this Period 1535.82			
Address 4232 Kelnor Dr								Outstanding Balance 1535.82			
City Grove City		St ate OH		Zip Code 43123		Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M 09		D 15		Y 11		M 09		D 15	
								Y 11		Amount 1535.82	
Registration Number, if PAC						M 09		D 15		Y 11	
Employer/Occupation/Labor Organization*						M 09		D 15		Y 11	
From Whom Received Tamara Shanyfelt						Prior Amount 0		Amt. Incurred this Period 268.00			
Address 4232 Kelnor Dr								Outstanding Balance 0			
City Grove City		St ate OH		Zip Code 43123		Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M 09		D 07		Y 11		M 09		D 07	
								Y 11		Amount 268.00	
Registration Number, if PAC						M 09		D 07		Y 11	
Employer/Occupation/Labor Organization*						M 09		D 07		Y 11	
From Whom Received						Prior Amount		Amt. Incurred this Period			
Address								Outstanding Balance			
City		St ate OH		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount		
Date Loan was originally Incurred		M		D		Y		M		D	
								Y		Amount	
Registration Number, if PAC						M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y	

* 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).

¹ Total prior amount \$ \$0.00

² Total received this period \$ ~~\$0.00~~ 1803.82 (To Form No. 31-A-2)

³ Total payments this period \$ ~~\$0.00~~ 268.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ ~~\$0.00~~ 1535.82 (To Form No. 30-A)