31-C
R.C. 3517.10

Page 9

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee
Citizens for Demro

From Whom Received: Ryan Demro | **Address:** 598 Wickham Way | **City:** Gahanna | **State:** OH | **Zip Code:** 43230
Prior Amount: | **Amt. Incurred this Period:** 29.00 | **Outstanding Balance:** 29.00
Date Loan was originally Incurred: M 09 D 18 Y 13
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Loans Received This Period — Date: M D Y | Amount: $
Payments This Period — Date: M D Y | Amount: $

From Whom Received: Andrea Demro | **Address:** 598 Wickham Way | **City:** Gahanna | **State:** OH | **Zip Code:** 43230
Prior Amount: | **Amt. Incurred this Period:** 194.57 | **Outstanding Balance:** 194.57
Date Loan was originally Incurred: M 07 D 02 Y 13
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Loans Received This Period — Date: M D Y | Amount: $
Payments This Period — Date: M D Y | Amount: $

From Whom Received: Ryan Demro | **Address:** 598 Wickham Way | **City:** Gahanna | **State:** OH | **Zip Code:** 43230
Prior Amount: | **Amt. Incurred this Period:** 1,600.00 | **Outstanding Balance:** 1,600.00
Date Loan was originally Incurred: M 09 D 30 Y 13
Registration Number, if PAC:
Employer/Occupation/Labor Organization*:
Loans Received This Period — Date: M D Y | Amount: $
Payments This Period — Date: M D Y | Amount: $

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount $ 0.00

2 Total received this period $ 1,823.57 (To Form No. 31-A-2)

3 Total Payments this Period $ 0.00 (also record on Form 31-B)

4 Total Outstanding Balance $ 1,823.57 (To Form No. 30-A)