Statement of Loans Received



						or State 3/05					
Full Name of Committee											
Committee to Elect Brad N	1cCloud										
From Whom Received Brad McCloud		•						mount		Amt. Incurred this Period	
Address							- \$0	.00		\$484.38	
52 E Gay Street							-: **			Outstanding Balance \$484.38	
City Columbus	St ate OH	Zip Code 43215	Loans Received This Period Date Amoun			ved This Period Amount	Payments This Period Date Amount				
Date Loan was to the conjugate originally incurred as the conjugate originally incurred as the conjugate of the conjugate or	1 0	0 5 1 1	м 1 0	D 0 5	1 1	\$ \$484.38	М	D	Y	\$	
Registration Number, if PAC			M	D	Y		М	D)	Y		
Employer/Occupation/Labor Organization* Mayor, City of Reynoldsburg				D	Y		М	D	Y		
From Whom Received					·		Prior Ar	nount		Amt. Incurred this Period	
Address							4			Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan(was) and Light originally lineuried	М	D ₁ Y	М	D	Y	\$	М	D	Y	Ś	
Registration Number, if PAC			M	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y		
roin Whom Received			<u> </u>	.1 :	<u> </u>		Prior Am	ount	!	Amt. Incurred this Period	
ddress							10 Te.		a p	Outstanding Balance	
4	State OH	Zip Code	Loans Received This Period Date Amount			Payments This Period Date Amount					
ate Doanjwas riginally incurred	M	D Y	M	D	Y	S	M	D	Y	\$	
			M	D	Y		М	D.	Y		
nployer/Occupation/Labor Organization*			М	D	Y		М	D	Y	····	
Required for contributions from individual's business, if any, rather	than emp	loyer should be liste	d. If tw	o or mo	e emplo	yees contribute via pa					

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 \$	\$484.38	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance S	\$484.38	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]