## Statement of Loans Received

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Page	 _

Prescribed by Secretary of State 3/05

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Full Name of Committee	7	Tason F	ر ۱۸:	11.10	) (		ZUIDI		e and			
From Whom Received Cirtizens for Jolley						Prior Amo	05	EĽĖ(	Amt: Incurred this Period			
Address Recents Road									Outstanding Balance			
City St are Zip Code				Loans Received This Period					avments '	This Period		
Cahanna OH 43230			M	Date	v	Amount	Payments This Period Date Amount M D Y. S					
Date Loan was	08	1412	1**.		.1		رام	216		500.00		
originally Incurred   (1), (7)   1, (4)   5   Registration Number, if PAC			М	D	Y		M	D	Y	300.00		
								j	1			
Employer/Occupation/Labor Organization*			M <sub>,</sub>	D	Y		·	D	Y	·		
From Whom Received				1 .	·		Prior Amo	nunt	,	Amt. Incurred this Period		
Address	<u> </u>	<del></del>								Outstanding Balance		
City	State Zip Code OH			Loans Received This Period Date Amount				Payments This Period  Date Amount				
Date Loan was	M	D Y	M <sub>,</sub>	D	Y	s	M	D	Y	S		
originally Incurred Registration Number, if PAC			M	D	<u> </u> Y		M:	D	!   Yı			
registation realized, it is to			1		1							
Employer/Occupation/Labor Organization*				D	Y		M	D	Y			
From Whom Received				! '	•	· · · · · · · · · · · · · · · · · · ·	Prior Ame	ount .	! '	Amt. Incurred this Period		
Address	_									Outstanding Balance		
	l come l	Zia Code										
City	St ate OH	Zip Code	Loans Received This Period  Date Amount			Payments This Period Date Amount						
Date Loan was	M	D Y	M.	D	Y	S	M	P	Y	S		
originally Incurred Registration Number, if PAC	1 1 1		1 M	D <sub>.</sub>	Yı	<b>-</b>	M:	D	Y.			
			!									
Employer/Occupation/Labor Organizati	ion*		M	D	Y		M	D	Y			
* Required for contributions from i	ndividuals o	ver \$100 to statewic	le and g	eneral as	sembly	candidates. If contribu	tor is self-	employe	d, the oc	cupation and the name of		
the individual's business, if any, ra labor organization of which the er							iyroll dedi	iction ar	id exceed	the aggregate of \$100, the		
If a loan is forgiven, write "For	given" in th	ne "Outstanding E	Balance	" space.	Trans	fer total of all loans i	eceived	his per	iod to th	e Statement of Other		
Income (Form No. 31-A-2). Tra Balance to the Cover page (For			ade in	this peri	od to ti	he Statement of Expe	nditures	(Form l	No. 31-E	3). Transter Outstanding		
<sup>1</sup> Total prior amount \$ \$0	.00	<del></del>										
<sup>2</sup> Total received this period \$	\$0.00		(To F	orm No.	31_A.	-2)						
		_	_ (10.	01111 ( 10.	J. 1.							
<sup>3</sup> Total payments this period \$	\$0.0	00		To Form								