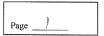
Statement of Loans Received



Prescribed by Secretary of State 3/05

			11030110	oca by Be	or curry Or	State 5/05			Nicolas/apparatus	
Full Name of Committee Citizens for Spalding										
From Whom Received Sloan T. Spalding						ount 00		Amt. Incurred this Period \$2,000.00		
Address 7567 King George Drive								eriya er		Outstanding Balance \$2,000.00
^{City} New Albany	St ate OH	Zip Code 43054	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	м 0 9	1 0 0 9	м 0 9	1 0	y 0 9	\$ \$300.00	M	D	Y	\$
Registration Number, if PAC	!	<u> </u>	о ^м 9	2 ^D 4	0 9	\$1,200.00	М	D	Y	
Employer/Occupation/Labor Organization* State of Ohio, Attorney				0 7	0 9	\$500.00	М	D	Y	
From Whom Received							Prior An	ount		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	М	D Y	М	D	Y	\$	M	D	Y	\$
Registration Number, if PAC	1	· · · · · · · · · · · · · · · · · · ·	М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
From Whom Received							Prior An	ount		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	М	D	Y	\$	М	D	Y	\$
Registration Number, if PAC				D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				D	Y		М	D	Y	
* Required for contributions from inc the individual's business, if any, rath	lividuals c ner than er	over \$100 to statewion	de and g	eneral as wo or m	ssembly ore emp	candidates. If contrib loyees contribute via	utor is self- payroll ded	employe uction an	d, the oc	cupation and the name of the aggregate of \$100, the

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.				
² Total received this period \$	\$2,000.00	(To Form No. 31-A-2)		
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)		
⁴ Total Outstanding Balance \$ _	\$2,000.00	(To Form No. 30-A)		

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