## **Statement of Loans Received**



Prescribed by Secretary of State 3.05

| Full Name of Committee                    |          | -               |     |  |           |          |          |                                   |                                  |                 |                           |  |
|---|----------|-----------------|-----|--|-----------|----------|----------|-----------------------------------|----------------------------------|-----------------|---------------------------|--|
| Harris for School Board                   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| From Whom Received                        |          |                 |     |  |           |          |          | Prior Am                          | ount                             |                 | Amt. Incurred this Period |  |
| Alison Harris                             |          |                 |     |  |           |          |          | \$1,5                             | 00.00                            |                 |                           |  |
| Address                                   |          |                 |     |  |           |          |          |                                   |                                  |                 | Outstanding Balance       |  |
| 4634 Bridle Path Lane                     | )        |                 |     |  |           |          |          |                                   |                                  |                 | \$0.00                    |  |
| City                                      | St ate   | Zip Code        |     |  |           |          |          | Payments This Period              |                                  |                 |                           |  |
| Dublin                                    | ОН       | 43017           |     | Date Amount                            |           |          |          |                                   | Date                             | Amount          |                           |  |
| D. I. I.                                  | М        | D               | Y   | M                                      | D         | Y        | S        | M                                 | D                                | Y               | \$ \$1.500.00             |  |
| Date Loan was<br>originally Incurred      |          |                 | ļ   | 1                                      |           |          |          | 1 2                               | 1 2                              | 0 9             | \$1,500.00                |  |
| Registration Number, if PAC               |          |                 | 1   | M                                      | D         | Y        |          | М                                 | D                                | Y               |                           |  |
|   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| Employer Occupation/Labor Organi          | zation*  |                 |     | M                                      | D         | Y        |          | М                                 | D.                               | Y               |                           |  |
|   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| From Whom Received                        |          |                 |     |  |           |          |          | Prior Am                          | ount                             |                 | Amt. Incurred this Period |  |
|   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| Address                                   |          |                 |     |  |           |          |          |                                   |                                  |                 | Outstanding Balance       |  |
|   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| City                                      | St ate   | St ate Zip Code |     |  |           |          |          | December This Donied              |                                  |                 |                           |  |
| ОН  |          |                 |     | Loans Received This Period Date Amount |           |          |          |                                   | Payments This Period Date Amount |                 |                           |  |
|   | M        | D               | Y   | M                                      | D         | Y-       | S        | M                                 | D                                | Y.              | S                         |  |
| Date Loan was                             |          |                 |     | 1                                      |           |          |          | -                                 |                                  |                 |                           |  |
| originally Incurred                       |          |                 |     | M                                      | D         | Y        |          | <del>- M</del>                    | D                                | Y               | <del> </del>              |  |
| Registration Number, if PAC               |          |                 |     | ,vi                                    |           | '        |          |                                   | -                                |                 |                           |  |
| E 1 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ization* |                 |     | M:                                     | D         | Y.       |          | M                                 | D                                | Y:              |                           |  |
| Employer/Occupation/Labor Organ           | ization" |                 |     | I IVI.                                 |           | '        |          |                                   | 1                                |                 |                           |  |
| B 110 B 1 C                               |          |                 |     | 1                                      |           | 1        | <u> </u> | Prior Ar                          | nount                            |                 | Amt. Incurred this Period |  |
| From Whom Received                        |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
|   |          |                 |     |  |           |          |          |                                   |                                  |                 | Outstanding Balance       |  |
| Address                                   |          |                 |     |  |           |          |          |                                   |                                  |                 |                           |  |
| Chi                                       | St ate   | Zip Code        |     |  |           |          |          |                                   |                                  |                 |                           |  |
| City State Zip Code OH                    |          |                 | 1   | Loans Received This Period             |           |          |          | Payments This Period  Date Amount |                                  |                 |                           |  |
|   | M        | D               | T Y | M                                      | Date<br>D | ΤΥ       | Amount   | M                                 | Date                             | Y               | S                         |  |
| Date Loan was                             | Į IVI    | J.              | '   | IVI                                    |           | [ '      |          |                                   |                                  |                 |                           |  |
| originally Incurred                       |          |                 |     | 1_                                     |           | <u> </u> |          |                                   | 1                                | <del>  ,,</del> | <u> </u>                  |  |
| Registration Number, if PAC               |          |                 |     | M                                      | D         | Y        |          | М                                 | D:                               | Y               | 1                         |  |
|   |          |                 |     |  |           |          |          |                                   |                                  | <u> </u>        |                           |  |
| Employer/Occupation Labor Organization*   |          |                 | М   | D:                                     | Y         |          | М        | D                                 | Y                                |                 |                           |  |
| 1   |          |                 |     |  | 1 .       | 1 :      | •        |                                   | i :                              | 1               |                           |  |

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).

| Total prior amount \$\$1,5                   |            |                      |
|--|------------|----------------------|
| <sup>2</sup> Total received this period \$   | \$0.00     | (To Form No. 31-A-2) |
| <sup>3</sup> Total payments this period \$ _ | \$1,500.00 | (To Form No. 31-B)   |
| <sup>4</sup> Total Outstanding Balance \$    | \$0.00     | (To Form No. 30-A)   |

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the financial 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)]