Statement of Loans Received

Page	

			Prescribed	t by Secre	tary of	State 3/05				
Full Name of Committee Citizens for Kim Maggard	d									_
From Whom Received Alex Rusty Maggard						Prior Amount \$1,605.00			Amt. Incurred this Period \$0.00	
Address 600 Link Road			•						14.3	Outstanding Balance
City Whitehall	St ate OH	Zip Code 43213	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	м 1 1	0 2 0 7	M _.	D	Y	\$	м 0 9	1 4	1 0	s \$600.00
Registration Number, if PAC			M t	D	Y		M	D	Y	,
Employer/Occupation/Labor Organiza	ation*		M	D	Y		M	D	Y	
From Whom Received							Prior Am	ount		Amt. Incurred this Period
Address			• • • • • • • • • • • • • • • • • • • •			<u> </u>				Outstanding Balance
City	St ate OH	Zip Code	Da	Loans	Receiv	ed This Period Amount		F Date	Payments	This Period Amount
Date Loan was originally Incurred	M	D Y	М	D !	Y	\$	М	D	Y	\$
Registration Number, if PAC	<u> </u>		M	D.	Y		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
From Whom Received		<u> </u>	<u> </u>		·		Prior An	nount		Amt, Incurred this Period
Address			_							Outstanding Balance.
City	St ate OH	Zip Code	D	Loans	s Receiv	ed This Period Amount] Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D Y	M	D	Y	\$	М	D	Y	\$
Registration Number, if PAC			М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		M	D	Y	
* Required for contributions from the individual's business, if any, labor organization of which the If a loan is forgiven, write "Fo	, rather than er employees ar	mployer should be le e members, if any, r	isted. If tv nust also	vo or mo appear.	ore emp [R.C. 3:	loyees contribute via p 517.10(B)(4)]	ayroli dec	luction a	nd exceed	d the aggregate of \$100, th

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 \$ \$1,605.00	<u></u> -
² Total received this period \$ \$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ \$600.0	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ # 1005.	(To Form No. 30-A