31-C R.C. 3517.10

FOR PAPER FILING ONLY

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Statement of Loans Received

Prescribed by Secretary of State 3/0:

F-II Nove - CC - To												
Full Name of Committee FRANKLIN COUNTY DE	MOCRA	ATIC PA	ARTY									
From Whom Received Kim Marinello							Prior Ar	nount		Amt. Incurred this Period \$400.00		
Address			-					-				
80 Williams Road											Outstanding Balance	
City St ate Zip Code												
Columbus OH 43207			Loans Date	Receiv	ed This Period Amount	Payments This Period Date Amount						
Date Loan was originally Incurred	0 5	1 0	1 3	0 5	1 0	1 0	\$ \$400.00	M	D	Y	S	
Registration Number, if PAC		· · · · · · · · · · · · · · · · · · ·	:	М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization* Franklin County Democratic Party/Treasurer				М	D	Y		M	D	Y		
From Whom Received								Prior An	nount		Amt. Incurred this Period \$400.00	
Address											Outstanding Balance \$400.00	
City	St ate	Zip Code		Loans Rece Date			ed This Period Amount		I Date	'ayments	This Period Amount	
Date Loan was	М	D	Y	М	D	Y	s	М	D	Y	S	
Registration Number, if PAC	 	1	<u> </u>	М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		M	P	Y			
From Whom Received			•	<u>, </u>			Prior An	nount	•	Amt. Incurred this Period		
Address		•									Outstanding Balance	
City	St ate OH	1 '			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	S	
Registration Number, if PAC				M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y			
* Required for contributions from in												

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 \$	\$400.00	(To Form No. 31-A-2)
³ Total payments this period S _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$400.00	(To Form No. 30-A

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of
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)]