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R:	С.	35	13	7.	1	0

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## **Statement of Loans Received**

Prescribed by Secretary of State3/05											
Full Name of Committee											
REPRESENT COLUMBUS											
From Whom Received					Prior Am			Amt. Incurred this P			
Columbus Compact C	Corporation					,		26,4	72.17		0.00
Address										Outstanding Balance	
1051 E. Main Street	T = 1 1	_						<u>-</u> .			,472.17
City Columbus	State Zip Code O H 43205	Loans Received This Period  Date Amount			Payments This Period Date Amount				t		
Date Loan was originally	M D Y	М	D	Y	\$		М	D	Y	S	
Incurred	0 8 3 1 15		1	<u> </u>						<u></u>	
Registration Number, if PAC		М	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*		М	D	Y			М	D	Υ		
From Whom Received		-					Prior Arr	ount		Amt. Incurred this F	eriod
Whitney Smith								2,2	00.00		0.00
Address						· · · · · · · · · · · · · · · · · · ·				Outstanding Balance	:
711 Mohican Wav							-				0.00
Cíty	State Zip Code	Loa	ns Receiv	ed This	Period		Payments This Period				
Westerville	OH 43081		Date			Amount		Date	e	Amour	t
Date Loan was originally	M D Y	M	D	Y	S		М	D	Y	S	
Incurred	1 1 1 1 7 1 5			11_	<u> </u>						
Registration Number, if PAC		М	D	Y 			М	D	Y		_
Employer/Occupation/Labor Organization*		М	D	Y			М	D	Y		
From Whom Received			•				Prior An	ount		Amt. Incurred this F	eriod
German Trejo							5,769.00			0.00	
Address										Outstanding Balanc	
703 E. Long St., Apt 4											0.00
City	State Zip Code	Loa	ns Receiv	ed This	Period				Paym	ents This Period	:
Columbus	OIH 43203	Date Amount			Date Amount				t		
Date Loan was originally	M D Y	M	D	Y	Ş		M	D	Y	S	
Incurred	1 2 0 9 1 5										
Registration Number, if PAC	·	М	D	Y			М	D	Y	İ	
		i 1	1	}			1 !	1	1 1 -	<u> </u>	
Émployer/Occupation/Labor Organization*		М	D	Y	ľ		М	D	Y		
					1					<u> </u>	
• Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear, R.C. 3517.10(B)(4)											
the emphyses are memors, it any, must appear, N.C. 3317.10(B)(4)											

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 Total Outstanding Balance to the cover page (Form No. 30-A	٩).

1	Total prior amount \$	26,472.17	<del></del>	
2	Total received this perio		0.00	(To Form No. 31-A-2)
3	Total Payments this Peri		0.00	_ (also record on Form 31-I
4	Total Outstanding Balan	26,4	72.17	(To Form No. 30-A)