Statement of Loans Received

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Page	_	_	

Prescribed by Secretary of State 3/05

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Full Name of Committee Committee to Elect Stept	nen M. (Cicak									
From Whom Received						Prior Amount			Amt. Incurred this Period		
Stephen M. Cicak					\$0.00			\$700.00			
Address 6866 Roundelay Rd N								Outstanding Balance \$0.00			
^{City} Reynoldsburg	St ate OH	Zip Code 43068		Loans Received This Period Date Amount		Payments This Period Date Amount					
Date Loan was originally Incurred	м 1 2	1 9	1 6	м 1 1	о 0 3	1 6	\$ \$100.00	М	D	Y	\$
Registration Number, if PAC				^M 2	0 ^D 8	1 [°] 6	\$500.00	М	D	Y	
Employer/Occupation/Labor Organizatio Retired	n*			м 1 2	1 9	1 6	\$100.00	М	D	Y	
From Whom Received Stephen M. Cicak					Prior Am \$0.0			Amt. Incurred this Period \$1,210.00			
Address 6866 Roundelay Rd N								Outstanding Balance \$0.00			
^{City} Reynoldsburg	St ate OH	Zip Code 43068		D	Loan:	Receive	ed This Period Amount		P Date	'ayments	This Period Amount
Date Loan was originally Incurred	0 ^M 1	1 7	1 7	м 1 2	^D 2 9	1 6	\$ \$110.00	М	D	Y	\$
Registration Number, if PAC				о ^м 1	1 4	1 7	\$100.00	М	D	Y	
Employer/Occupation/Labor Organizatio Retired	n*			о ^м 1	1 7	1 7	\$1,000.00	М	D	Y	
From Whom Received Stephen M. Ccak					Prior An	ount		Amt. Incurred this Period \$1,630.00			
Address 6866 Roundelay Rd N								Outstanding Balance \$3,540.00			
^{City} Reynoldsburg	St ate OH	Zip Code 43068		Loans Received This Period Date Amount		Payments This Period Date Amount					
Date Loan was originally Incurred	0 ^M 3	1 4	1 7	м 0 2	0 3	1 7	\$ \$530.00	М	D	Y	\$
Registration Number, if PAC			м 0 2	0 ^D 7	1 7	\$100.00	М	D	Y		
Employer/Occupation/Labor Organization* Retired			м 0 3	1 4	1 7	\$1,000.00	М	D	Y		
* Describing a second of the page of the p											

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 \$	\$3,540.00	(To Form No. 31-A-2)	
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)	
⁴ Total Outstanding Balance \$ _	\$3,540.00	(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)]