31-C R.C. 3517.10

FOR PAPER FILING ONLY

| | 1 | |
|------|---|--|
| Page | | |

Statement of Loans Received

Prescribed by Secretary of State 3/05

| Full Name of Committee | | | | | | | | | - | |
|---|------------------|-----------------------|--|----------------------|--------------------|--|----------------------------------|---------------------------|--------------------------------------|--|
| Ethical Revenue Initi | ative F | Political Actio | n Co | ommit | tee | | | | | |
| John Stewart | | | | | | Prior Amount 2050 | | | Amt. Incurred this Period | |
| ^{^d} 855 Bryn Mawr | | | | | | | | | | Outstanding Balance 2050 |
| Gahanna Gahanna | St ate OH | 43230 | Loans Received This Period Date Amount | | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred Registration Number, if PAC | 0 ^M 6 | 1 5 0 6 | M M | D | Y | S | M M | D D | Y | S |
| Employer/Occupation/Labor Organization | <u>-</u> | | M | D | Y | | М | D | Y | |
| From Whom Received | | | | | | | Prior Am | ount | | Amt. Incurred this Period |
| Address | · <u> </u> | | _ | | | | | | | Outstanding Balance |
| City | St ate OH | Zip Code | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was Originally Incurred Registration Number, if PAC | М | D Y | M M | D | Y | S | M M | D D | Y | \$ |
| Employer/Occupation/Labor Organization | | | М | D | Y | | M | Đ | Y | |
| From Whom Received | | | | | Prior Am | ount | <u>,</u> | Amt. Incurred this Period | | |
| Address | | | | | | | | | | Outstanding Balance |
| City | St ate OH | Zip Code | | Loan Date | s Receiv | ed This Period | Payments This Po | | | This Period Amount |
| Date Loan was originally Incurred Registration Number, if PAC | М | D Y | M M | D | Y | s | M M | D | Y | s |
| Employer/Occupation/Labor Organization | ı* | | М | D | Y | | М | | Y | |
| Required for contributions from in- the individual's business, if any, rat- labor organization of which the emp | her than en | nployer should be lis | sted. If t | wo or m | ore emp | loyees contribute via pa | tor is self- tyroll ded | employe uction ar | ed, the oc ad exc c ed | cupation and the name of the aggregate of \$100, the |
| If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form | sfer total | of all payments m | Balance ade in | e" space this per | Transi od to ti | fer total of all loans r he Statement of Expe | eceived nditures | this peri (Form l | iod to th No. 31-E | e Statement of Other 3). Transfer Outstanding |
| Total prior amount \$ | 50 | | | | | | | | | |
| ² Total received this period \$ | 0 | | _(To F | orm No | .31-A- | 2) | | | | |
| ³ Total payments this period \$ _ | 0 | | (| То Гогг | n No. 3 | 1-B) | | | | |
| ⁴ Total Outstanding Balance \$ | 205 | 50 | | (To For | m No. I | 30-A) | | | | |