

Total Outstanding Balance \$ Forgiver

## Page \_\_\_\_

## **Statement of Loans Received**

Form 31-C

R.C. 3517.10

Full Name of Committee					<del></del>		
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Citizen	12 4	-or + c	11+01				
From Whom Received		_			Prior Amount	Amt. Incurred this Period	
Chaisto.	pher	- L. F	-Ulton		\$13,000	0	
Street Address		^			Outstanding Balance		
Christon Street Address 4541 Be	Cree	ek Dave			\$13,000		
Creare City 6H 43123			Loans Received This Period		Payments	Payments This Period	
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YY)	→ → → → → → → → → → → → → → → → → → →	Date of Payment (MM/DI			
08/11/2015		4		01/10/2	018 994,27		
Registration Number, if PAC		Date of Loan (MM/DD/YY	Y) Amount	Date of Payment (MM/DI	D/YYYY) Amount		
Employer/Occupation/Labor Organ	nization*		Date of Loan (MM/DD/YY	Y) Amount	Date of Payment (MM/DI	D/YYYY) Amount	
From Whom Received			**************************************		Prior Amount	Amt. Incurred this Period	
Street Address						Outstanding Balance	
l							
City	State	Zip Code	Loans Received	This Period	Payments	This Period	
City  Date Loan was Originally			Loans Received		Payments  Date of Payment (MM/DD		
				Y) Amount		D/YYYY) Amount	
Date Loan was Originally	Incurred (		Date of Loan (MM/DD/YY)	Y) Amount Y) Amount	Date of Payment (MM/DD	OMYYY) Amount OMYYY) Amount	
Date Loan was Originally Registration Number, if PAC	Incurred (  nization*  dividuals of any, rathization of variation of v	MM/DD/YYYY)  over \$100 to statewer than employer significant the employee sutstanding Balance	Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  ide and general assembly thould be listed. If two or more are members, if any, must represent the space. Transfer total of a	Amount  Amount	Date of Payment (MM/DDDDate of Payment (MM/DDDDDate of Payment (MM/DDDDDDate of Payment (MM/DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Amount  Amount  Amount  Amount  Amount  Covyyy) Amount  Coccupation and the and exceed the	
Date Loan was Originally Registration Number, if PAC  Employer/Occupation/Labor Organ  * Required for contributions from in name of the individual's business, i aggregate of \$100, the labor organ  If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total or	Incurred (  dividuals of any, rath ization of all payments)	MM/DD/YYYY)  over \$100 to statewer than employer signification the employee sutstanding Balance ents made in this per	Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  ide and general assembly thould be listed. If two or more are members, if any, must represent the space. Transfer total of a	Amount  Amount	Date of Payment (MM/DDDDate of Payment (MM/DDDDDate of Payment (MM/DDDDDDate of Payment (MM/DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Amount  Amount  Amount  Amount  Amount  Covyyy) Amount  Coccupation and the and exceed the	
Pate Loan was Originally Registration Number, if PAC  Employer/Occupation/Labor Organ  * Required for contributions from in name of the individual's business, i aggregate of \$100, the labor organ  If a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total or Cover page (Form No. 30-A).	Incurred (  dividuals of any, rathization of all paymont)	MM/DD/YYYY)  over \$100 to statewer than employer signification the employee sutstanding Balance ents made in this per	Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  Date of Loan (MM/DD/YY)  ride and general assembly thould be listed. If two or more are members, if any, must be are members are members of a seriod to the Statement of Ex	Amount  Amount	Date of Payment (MM/DE)  Date of Payment (MM/DE)  Date of Payment (MM/DE)  ributor is self-employed, the tribute via payroll deduction C. 3517.10(B)(4)]  is period to the Statement (No. 31-B). Transfer Outstat	Amount  Amount  Amount  Amount  Amount  Covyyy) Amount  Coccupation and the and exceed the	