Statement of Loans Received

	1		
Page			

		Pres	cribed by Sec	retary of	State 3/05				
Full Name of Committee Committee for Cysta Po	ennington								
From Whom Received Carla Morrow					Prior Amount \$3,300.00			Amt. Incurred this Period \$0.00	
Address 4631 Sylvan Oak Drive)								Outstanding Balance \$300.00
City Trotwood	Strate Zip Code 45426		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred Registration Number, if PAC	1 0 1 5	1 6 M		Y	\$ \$0.00 \$0.00	0 2	D 1 1	1 7	\$ \$3,000.00 \$0.00
Employer/Occupation/Labor Organiza	ation*	M	i D	Y	\$0.00	M	D	Y	\$0.00
From Whom Received Crysta Pennington		-		<u> </u>		Prior Am \$1,0	ount 000.00	;	Amt. Incurred this Period \$0.00
Address 5515 Wolf Run Drive									Outstanding Balance \$657.17
^{City} Gahanna	St ate OH Zip Code 43230		Loans Received This Period Date Amount			Payments This Period Date Amoun			
Date Loan was originally Incurred	1 0 1 5	1 6 M	1 D	Y	\$ \$0.00	0 2	1 1	1 7	\$ \$342.83
Registration Number, if PAC		M	1 D	Y	\$0.00	М	D	Y	\$0.00
Employer/Occupation/Labor Organiza	ation*	M	1 D	Y	\$0.00	М	D	Y	\$0.00
From Whom Received						Prior Am	ount		Amt. Incurred this Period
Address									Outstanding Balance
City	St ate Zip Code OH		Loans Received This Period Date Amount		Payments This Period Date Amount				
Date Loan was originally Incurred	M D	Y		Y	\$	М	D	Y	\$
Registration Number, if PAC		N	A D	Y		М	D	Y	
Employer/Occupation/Labor Organiz	ation*	N	M D	Y		M	D	Y	
* Required for contributions from the individual's business, if any, labor organization of which the	, rather than employer sh	ould be listed.	. If two or m	ore emp	loyees contribute via p	utor is self payroll ded	employed action an	d, the oc d exceed	cupation and the name of the aggregate of \$100, th
If a loan is forgiven, write "Fo Income (Form No. 31-A-2). T Balance to the Cover page (Form No. 31-A-2).	ransfer total of all pay	tanding Bala yments made	nce" space in this per	. Trans iod to t	fer total of all loans he Statement of Exp	received enditures	this peri (Form N	od to th	ne Statement of Other B). Transfer Outstandir

¹ Total prior amount \$ \$4 ,	300.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$3,342.83	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$957.17 500	Given (To Form No. 30-A)