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Statement of Loans Received

Prescribed by Secretary of State3:05

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Full Name of Committee	TONE		TCDA	ANICIS:	TE CC	WEDA	SINATE	NIT				
COLUMBUS COALIT	ION	TUK R	ESP	JN51 V	EGU	VEKI	VIVIE	17 1	.			Le contrat No. 2
From Whom Received	•								Prior An	nount	0.00	Amt, Incurred this Period
Columbus Compact C	orpor	anon				,					0.00	895.70
Address									14.		Ċ.	Outstanding Balance
1051 E. Main Street									c ~ ; ;	or Telefo	*****	895.70
City		Zip Code		Loa		ed This F	Period				•	ents This Period
Columbus		43205		L	Date	·		Amount		Date		Amount
Date Loan was originally	M	D D	Y	M	D	Y	S	205 50	M	D	Y	S
Incurred	111	30 1	51	1 1	310			895.70	1			
Registration Number, if PAC				М	D 	Y 			M	D	'	
Employer, Occupation/Labor Organization	_			М	D	Ÿ			M	D	Y	
From Whom Received					<u>,</u>		<u>.</u>		Prior Ar	nount	<u> </u>	Amt. Incurred this Period
Address									6 s 3	ruiki ir Salari		Outstanding Balance
City	State	Zip Code	;	l.oa	ns Receiv Date	ed This I	Period	Amount		Dat	•	ents This Period Amount
Date Loan was originally	M	D	Y	M	D	Y	S	<u> </u>	M	Ð	Y	S
Incurred						1			ļ			1
Registration Number. if PAC				M	D	Ϋ́			M	D	Y	
Employer Occupation Labor Organization*				M	D	Ÿ			M	D	Y	
From Whom Received				<u> </u>	<u> </u>				Prior As	nount		Amt. Incurred this Period
Address		_								表 (译) 生 \$55.		Outstanding Balance
City	State	Zip Code	•	l.oa	ıns Recei	ved This	Period	·			Paym	ents This Period
					Date			Amount		Dat	e	Amount
Date Loan was originally Incurred	M	D	Y	M	D	Y	S		M	D	Ϋ́	S
Registration Number, if PAC	,		· · · ·	M	D	Y			M	D	Y	
Employer Occupation/Labor Organization*				M	D	Y			M	D	Y	
A.D				4: 4	16		16	aloyed accumpation an	d the nee	a of the in	disidual's	hucinass

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 navments 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).

1	Total prior amount \$	0.00
2	Total received this period \$	895.70 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-
4	Total Outstanding Balance \$	895.70 (To Form No. 30-A)

[•] 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)