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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

				110	scribed b	y Scercia		atc5/05				
Full Name of Committee		D	<b>A.</b> C.									
Reynoldsburg Area De From Whom Received	emoc	rats P	<u>AC</u>		_				Prior Am	ount		Amt. Incurred this Period
Kristin Bryant							FIIOI AII		00.00	1,220.00		
Address									1,000.00			Outstanding Balance
387 Cheyenne Way												220.00
City	State	Zip Code	•	Loa	ns Receiv	ed This	Period	<del></del>			Paym	ents This Period
Reynoldsburg	OH	43068	3		Date			Amount		Dat		Amount
Zingan	м 0 8	D 2 3	Y 1 7	м 1 0	$\begin{vmatrix} D \\ 3 \end{vmatrix} 1$	$\begin{vmatrix} \mathbf{r} \\ 1 \end{vmatrix} 7$	\$	1,220.00	м 1 0	D 2 0	1 7	1,000.00
Registration Number, if PAC				М	D	Y			м 1 1	D 0   9	1 7	1,000.00
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received		-							Prior An	ount		Amt. Incurred this Period
Friends of Kristin Brya	ant								1		0.00	1,000.00
Address												Outstanding Balance
PO Box 1523												1,000.00
<sub>City</sub> Reynoldsburg	State Zip Code Loans Received This Period  O H 43068 Date Amount			Amount	Payments This Period  Date Amount							
Reynolusburg	M	D	ΙΥ	M	D	Y	Ts	7 tillotilk	M	T D	TY	Is Tanoual
	1 1	0 8		1 1	0 8	1 7		1,000.00				
Registration Number, if PAC			<del>1 =                                   </del>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received Prior Amount Amt. Incurred this Period						Amt. Incurred this Period						
Address						-		<del></del>				Outstanding Balance
City	State	Zip Code	•	Loans Received This Period  Date Amount				Payments This Period  Date Amount				
Santa i	М	D	Ϋ́	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·		<u> </u>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
* Required for contributions over \$100 to st	atewide a	and genera	l assembly	y candidate	es. If cont	ributor is	self-en	ployed, occupation and	d the name	of the ir	dividual's	business,

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 N	o. 31 <b>-</b> A-2)
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Quistanding Balance to the cover page (Form.)	Vo. 30-A).

1	Total prior amount \$	1,000.00
2	Total received this period \$	2,220.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	2,000.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	1,220.00 (To Form No. 30-A)

<sup>\*</sup> 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)