31-C R.C. 3517.10

FOR PAPER FILING ONLY

	4	
Page	1	
		

Statement of Loans Received

				Prescribe	ed by Sec	retary of	State 3/05						
Full Name of Committee Stonewall Demo	ocra	ts of	Cei	ntra	10	hio	P A C	2					
From Whom Received Eric Wyne									Prior An	, 1 5	9.7		nourred this Period
Address 3822 S Arlingto	on R	đ		 ,_						-	4		nding Balance
City State Zip Code OH 44685					Loans Received This Period Paymen Date Amount Date					Payments	ts This Period Amount		
Date Loan was originally Incurred	0 ^M 3	1 3	1 2	м 0 3	1 3	1 2	s \$ 9 8	4.74	0 7	2 3	1 2	\$ \$ 1	,159.7
Registration Number, if PAC			<u> </u>	о ^м 3	20	1 2	\$17	5.00	M	D.	Y		
Employer/Occupation/Labor Organization	•	<u> </u>	,	М	D	Y			M	D	Y		
From Whom Received								,	Prior An	nount		Anit. Ii	ncurred this Perio
Address												S Outstar	nding Balance
City	St atc O H	Zip Code			Loan Date	is Receiv	ed This Po	eriod Amount		Date	Payments	This Pc	riad Amount
Date Loan was originally Incurred	м	D	Y	М	D	Y	S		M	D	Y	S	
Registration Number, if PAC		ą ą	i	M	D	Y			М	D	Y		
Employer:Occupation/Labor Organization	1*			М	D	Y			М	D	Y		
From Whom Received					<u> </u>	<u> </u>	<u> </u>	,	Prior Ar	nount	_	Amt. I	ncurred this Perio
Address												Outsta	nding Balance
City	St ate	Zip Code			Loar Date	ns Recei	ved This P	eriod Amount		Date	Payment	s This Pe	eriod Amount
Date Loan was originally Incurred	М	D	Y	М	Ъ	Y	S		M	D	Y	S	
Registration Number, if PAC	L!	<u>.l</u> !!		М	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, to labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]													
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	l of all payı	inding I ments n	Balance	:" space this per	e. Trans riod to	sfer total the States	of all loans ment of Exp	received enditure	d this pe s (Form	eriod to t No. 31-	he State B), Tra	ement of Othe insfer Outstan

Total prior amount \$\$1	, 1 5 9 . 7 4	
Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$1,159.74	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$0.00	(To Form No. 30-A)