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Statement of Loans Received

Citizens for Marshall Spalding From Whom Received Marshall A. Spalding Anticurred Marshall A. Spalding Anticurred Oli H 43068 Date Loans Received This Period Date Loan was originally M D Y S From Whom Received Oli H 21 1 1 3 0 4 0 4 1 1 3 5 55.41 0 5 3 1 1 1 3 . Regulation Number, if PAC Outstanding Balance Outstanding Balance Outstanding Balance Outstanding Balance From Whom Received Outstanding Balance Ou					Pro	escribed by	y Secreta:	ry of Stat	e3:05						
From Winn Received Marshall A. Spalcling Address 1940 Glenford Ct. State St	Full Name of Committee														
Prior Amount Ann. Incurred this Period Autount Ann. Incurred Autount Ann. Incurred Autount Autount Autount Autount Autount Autount Ann. Incurred Autount A	Citizens for Marshall	Spald	ling												
Address 1940 Glenford Ct. Gry Reynoldsburg Oil H 33068 Date Loans Received This Period Date Date Date Payments This Period Amount Date Registration Number, if PAC City Date State State State State State State City St										Prior Am	ount		Amt, Incurred	this Period	
Address State Zip Code Loans Received This Period Date Amount Date Date Amount Date	Marshall A. Spalding	[l	4.03	50.11		1,374.56	
City State Zip Code Loans Received This Period Date Amount Date Date Amount Date Date Amount Date													Outstanding B	alance	
City State Zip Code Loans Received This Period Date Amount Date Date Amount Date Da	1940 Glenford Ct.													5,424.67	
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Registration Number, if PAC ON 4 2 3 3 1 3 133 1319.15 M D Y Employer-Occupation'Labor Organization* My D Y From Whorn Received City Charled Contributions over 5100 to statewide and general assembly candidates. If contribution is self-employer-Occupation Number, if PAC City State Zip Code City State Zip Code City State Zip Code City Charled Companization* My D Y My D Y	Incurred	0 1	211	1113	0 4	0 4	113	1	55.41	0 5	3 1	1 3	1	402.12	
Employer Occupation Labor Organization* M. D. Y. M. D. Y. Ant. Incurred this Period Date Amount Date Loan was originally M. D. Y. S. M. M. D. Y. S. M	Registration Number, if PAC	<u> </u>	, 	1 ; 5_	М	D	Y	1		М				-	
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Date Loan/was originally M D Y M D Y S M D Y S S S S S S S S S	cin Romaldsburg	State O H	Zip C&d	e			ed This	Period	Amount	Payments This Period Control Forget					
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	the employees are members, if any, must a	appear. R.C	C. 3517.10)(B)(4)											
Transfer total of all payments 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).	Transfer total of all payments made in this	s period to	the Staten	nent of Exp	penditures	(Form No	, 31-B).	Transfer '	Fotal Outstanding Ba	lance to th	e cover p	age (Forn	1 No. 30-A).		

1	Total prior amount \$ _	4,050.11	
2	Total received this period	1,374.56	(To Form No. 31-A-2)
3	Total Payments this Perio	402.12	(also record on Form 31-F
4	Total Outstanding Balance	s 5022.55 FORGIVEN	(To Form No. 30-A)