

FOR PAPER FILING ONLY
Statement of Loans Received

Page 1

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Amy Harkins												
From Whom Received Merisa K. Bowers								Prior Amount 105.00		Amt. Incurred this Period 0.00		
Address 400 S. 5th St. Suite 101, Columbus, OH 43215										Outstanding Balance 105.00		
City Columbus		State OH		Zip Code 43215								
				Loans Received This Period				Payments This Period				
				Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0 6 1 9 1 7									0 9 2 1 1 7			105.00
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation Labor Organization*				M	D	Y			M	D	Y	
self/attorney												
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period				Payments This Period		
						Date		Amount		Date		
						Date		Amount		Date		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation Labor Organization*				M	D	Y			M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period				Payments This Period		
						Date		Amount		Date		
						Date		Amount		Date		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation Labor Organization*				M	D	Y			M	D	Y	

* 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 or more 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)

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 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).

- 1 Total prior amount \$ 105.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 105.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)