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Statement of Loans Received

Prescribed by Secretary of State3/05

						, 551.51.	.,	<u> </u>						
Full Name of Committee														
Citizens for Jolley														
From Whom Received				_					Prior A	١по			Amt. Incurred this Pe	
Eric Jollev											<u>30</u>	0.00		0.00
Address													Outstanding Balance	0.00
187 Regents Rd														0.00
City		Zip Code		Loa	ns Receiv	ed This	Period		ı			•	ents This Period	
Gahanna	OIH	43230			Date			Amount			Date		Amount	
Date Loan was originally	M	D	Y	M	D	Y	Ş		M	ı	D	Y	S	200.00
Incurred	0 3	1 6	1 5				1		0]	2]	019	1 6		300.00
Registration Number, if PAC				M	D 	Y		_	M		D	Y		
Employer/Occupation/Labor Organization	•			M·	D	Y		 -	M		D I	Y		
From Whom Received	_					<u> </u>			Prior 4	Ашк	ount		Amt. Incurred this Pe	
Rvan P Jollev											5	50.00		0.00
Address				_	_								Outstanding Balance	
187 Regents Road														0.00
City	State	Zip Code		Los	ns Recei	ved This	Period		Payments This Period					
Gahanna		43230		Loans Received This Period Date Amount				1	Date Amount					
Date Loan was originally	M	D	Y	Mi	D	Y	S		M	П	Đ	Y	S	
Incurred	lols	117	115		LΙ	1			0	2	0 9	1 6		50.00
Registration Number, if PAC	10:0			M:	Đ	Y		<u> </u>	M		D	Y 		
Employer/Occupation/Labor Organization				М	D	Y		<u>-</u>	M		D 	Y		
From Whom Received				<u></u>						Am	ount	•	Amt. Incurred this Po	eriod
Address				_				<u>-</u>					Outstanding Balance	
City	State	Zip Code		Loans Received This Period							•	nents This Period		
					Date			Amount	_		Dat		Amoun	
Date Loan was originally	M ₁	D	Y	M	D	Y	s		M		D I	Y	s	
Incurred		<u> </u>		<u>i</u>	<u> </u>	1	1_					 	 	
Registration Number, if PAC				M	D	Y			M!		D 	Y 		
Employer/Occupation/Labor Organization	a*	_		M	D	Y			М		D	Y		
	_	_		<u></u>				-lound accumation			of the :-	dis idne!'s	husiness	

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-
the atomics torgetting white Polymer at the course page (Form No. 30-A
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 \$	350.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	350.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (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)