Page	2_

## Statement of Loans Received

Prescribed by Secretary of State 3/05

			_		rescribed	oy been								<u>.</u>
Full Name of Committee														
Citizens for Chris Lon	g				-				Prior /	mount			Amt. Incurred this Per	iod
From Whom Received									Prior Amount 0.00				Y'	,225.00
Chris Long								<del></del>	_	_		0.00	Outstanding Balance	,
Address														,225.00
1675 Haft Drive	C	7: C-1-						<del></del>				Do	yments This Period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City		Zip Code	0	Los	ns Receive Date	ed This I	Period	Amount	Date				Amount	
Reynoldsburg		43068			Date	TY	16	Allotat	M	D	i	Ϋ́	s	· · · · · ·
Date Loan was originally	M	D	Y	M	1 1		۾ ا	400.00	1	١		•		0.00
Incurred	0 6	1 9	1 3	0 6		1   Y	3	400.00	Μİ	D	<u> </u> 	Ϋ́T	<del></del>	0.00
Registration Number, if PAC				м 0   7	$\begin{vmatrix} \mathbf{b} \\ 0 \end{vmatrix} = 2$		3	225.00						0.00
Employer/Occupation/Labor Organization*				M	D	TY			М	Ð		Y		
Candidate				0 8	0 5	1	3	100.00						0.00
From Whom Received					1.				Prior /	\mount			Amt. Incurred this Per	ried
Chris Long - continue	d													
Address		-											Outstanding Balance	
													· 	
City	State	Zip Code		Los	ns Receiv	ed This	Period		Payments This Period					
				1	Date			Amount			Date		Amou	ot
Date Loan was originally	M	<u> </u>	YI	М	D	Y	S		M	Ď		Ϋ́	\$	
Incurred	1		1	0 9	110	1	3	300.00		- 1				0.00
Registration Number, if PAC			<del></del>	00	D	Y			М	D	Γ	Ϋ́		
				0 9	2 4	[ ] 1	3	200.00	)	1	1			0.00
Employer/Occupation/Labor Organization*		•		M	D	Y	Tľ.		М	D	Į	Y		
					1		ı							
From Whom Received					1				Prior	Amount			Amt. Incurred this Pe	riod
1 (3) //// (3)														
Address			<del></del>			, ,	-	, ,					Outstanding Balance	
7,000 035														
City State			State Zip Code Loans Received This Period					<del></del>	Payments This Period					
	1 1	1		1 "	Date			Amount			Dat	e	Amou	mt
Date Loan was originally	М	D	Y	M	D	Y	ŝ		М	T D	<u>'</u>	Y	\$	
Incurred		1		1			J							
Registration Number, if PAC	1	-1	<u> </u>	M	D	Y	1	<del></del>	М	D	) [	Y		
10 December 1 transpos y 11 1 10													_	
Employer/Occupation/Labor Organization*				M	D	Y			М	D	1	Y		
Employer Occupation enter or galaxies									<b>\</b>				1	_
									_		-			

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 \$	0.00
2	Total received this period \$	
3	Total Payments this Period \$	0.00 (also record on Form 31-
4	Total Outstanding Balance \$	1,225.00 (To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. It 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)