Statement of Loans Received

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Prescribed by Secretary of State 3/05

			CANAL WASHINGTON		vin Coperation and					
Full Name of Committee	A=011									
Committee to Elect Brad I	NICCIOUD		***************************************					20000 EN 53.10 (100	SOMEONE OF STREET	
From Whom Received						Prior Am			Amt. Incurred this Period	
Citizens for Stephanie Mc	Cloud						\$0.0	00		\$500.00
Address				·····						Outstanding Balance
14 East Gay St., 2nd Flo					***************************************					\$500.00
City	St ate	Zip Code	Loans Received This Period			Payments This Period				
Columbus	OH	43215	D	LOAN:	Receiv	ea ims reriou Amount		Date	aymens	Amount
	M	D Y	M	D	Y	\$	M	D	Y	S
Date Loan was originally Incurred	0 8	0 4 0 9			and a state of			property of the		
Registration Number, if PAC			М	D	Y		М	D	Y	
Employer/Occupation/Labor Organizati	nn*		M	D	Y		M	D	Y	
Employer/Occupation Labor Organizati	ou									
From Whom Received				of the same and th	************************		Prior Am	ount		Amt. Incurred this Period
Address	<u>,, , , , , , , , , , , , , , , , , , ,</u>									Outstanding Balance
City	St ate OH	Zip Code			s Receiv	ed This Period		Date	Payments	This Period Amount
	M	DY	M	Date	Y	Amount	М	Date	ΤΥ	Amoun
Date Loan was	IVI		141							
originally Incurred								1		
Registration Number, if PAC	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		М	D	Y		М	D	Y	
Employer/Occupation/Labor Organizati	on*		М	D	Y		М	D	Y	
From Whom Received			<u> </u>	1			Prior An	lount	1 -	Amt. Incurred this Period
Address						v.				Outstanding Balance
City	St ate	Zip Code								Za en
	ОН				s Recei	ved This Period			Payments	This Period
		 	-8	Date	1 37	Amount	М	Date	1 0	Amount
Date Loan was	М	D Y	М	D	Y		, IVI	۳	1	
originally Incurred			М	D	Y		- M	D	+ <u>Y</u>	
Registration Number, if PAC			M	1	X		NI.			
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
* Required for contributions from it the individual's business, if any, re	ndividuals of	over \$100 to statewi	de and g	eneral as	sembly	candidates. If contrib loyees contribute via	outor is self payroll dec	employe	ed, the o	ccupation and the name of d the aggregate of \$100, the

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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$\$0.	00	
² Total received this period \$	\$500.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$500.00	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]