## **Statement of Loans Received**

Page		

			Prescribed by Secretary of State 3/05		
Full Name of Committee Citizens for Change in Uppe	er Arlingt	on (CCUA)			
From Whom Received Vicki Kerman	Prior Amount \$0.00	Amt. Incurred this Period			
Address 2208 Fairfax Road					Outstanding Balance
City Upper Arlington	St ate OH	Zip Code 43221 Loans Received This Period Date Amount		Payments Date	This Period Amount
Date Loan was originally Incurred	0 3	3 0 0 9	0 3 3 0 0 9 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	M D Y	\$
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization	1*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period  Date Amount	Payments Date	This Period Amount
Date Loan was	М	D Y	M D Y \$	M D Y	\$
Registration Number, if PAC	3	J	M D Y	M D Y	
Employer/Occupation/Labor Organization	1*		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period  Date Amount	Payments Date	This Period Amount
Date Loan was	М	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	
the individual's business, if any, rath	ner than er	nployer should be li	de and general assembly candidates. If contribusted. If two or more employees contribute via paust also appear. [R.C. 3517.10(B)(4)]	tor is self-employed, the oc ayroll deduction and exceed	cupation and the name of the aggregate of \$100, the
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all payments n	Balance" space. Transfer total of all loans nade in this period to the Statement of Expe	received this period to the enditures (Form No. 31-E	e Statement of Other  3). Transfer Outstanding

<sup>1</sup> Total prior amount \$\$0.0	00		
<sup>2</sup> Total received this period \$	\$400.00	300.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00		(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$100.00	<b>,</b> 300.00	(To Form No. 30-A)