31-C R.C. 3517.10

FOR PAPER FILING ONLY

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee The Committee To Ele	ect Aa	ron Moore In	to The Dublin Board Of Educ	cation	
From Whom Received Aaron Moore				Prior Amount 0.00	Amt. Incurred this Period 250.00
Address 8127 Aston Way					Outstanding Balance 250.00
^{City} Dublin	St ate	Zip Code 43016	Loans Received This Period Date Amount	Payments ? Date	This Period Amount
Date Loan was originally Incurred	0 ^M 6	2 9 0 9	0 6 2 9 0 9 50.00	M D Y	\$
Registration Number, if PAC	***************************************		0 ^M 7 2 ^D 8 0 ^Y 9 100.00	M D Y	
Employer/Occupation/Labor Organization*			0 8 0 4 0 9 100.00	M D Y	
From Whom Received Aaron Moore				Prior Amount 250.00	Amt. Incurred this Period 300.00
Address 8127 Aston Way Outstanding Balance 550.00					Outstanding Balance 550.00
^{City} Dublin	St ate OH	Zip Code 43016	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	0 ^M 8	0 5 0 9	0 8 0 5 0 9 100.00	M D Y	\$
Registration Number, if PAC			0 ^M 8 1 1 0 9 150.00	M D Y	
Employer/Occupation/Labor Organization*			0 ^M 8 1 9 0 9 50.00	M D Y	
From Whom Received Aaron Moore				Prior Amount 550.00	Amt. Incurred this Period 110.56
					Outstanding Balance 260.56
^{City} Dublin	St ate	Zip Code 43016	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	0 9	1 8 0 9	0 9 1 8 0 9 \$110.56	1 2 0 1 0 9	\$ 400.00
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*			M D Y	M D Y	
	. مادید کاری	over \$100 to statewi	de and general assembly candidates. If contribu	tor is self-employed, the oc	cupation and the name of

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		
² Total received this period \$	660.56	(To Form No. 31-A-2)
³ Total payments this period \$ _	400.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	260.56	(To Form No. 30-A)

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]