3	1-	C		
R.	C.	35	17.	10

3 Total Payments this Period \$

4 Total Outstanding Balance \$

Page	

Statement of Loans Received

				Pr	escribed b	y Secreta	ry of St	ate3/05					
Full Name of Committee							1						
Citizens for Harris													
From Whom Received									Prior Amount Amt. Incurred th			Amt. Incurred this Period	
Richard Flarris							<u> </u>		700.00			0.0	
Address							-					Outstanding Balance	
1100 Bedlington Cour		luc a						···	_			700.0	
·	State Zip Code Revnoldsburg OH 43068						Loans Received This Period			Payments This Period			
Reynoldsburg Date Eoan was originally: 2	M _i	D 2000	Y Y	Mi	Date	Y	k	Amount	M	Date D	: Y	Amount Is	
Incurred	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}_3$			9 1		'			101	lű	'		
Registration Number, if PAC	<u> </u>	1 17 ! 1	1010	M	D	Y	1 :		М	D	Y		
				1	1					\ i	\		
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y		
From Whom Received				_					Prior An	nount		Amt. Incurred this Period	
Address								· · · · · · · · · · · · · · · · · · ·				Outstanding Balance	
City	State	Zip Coo	le	Loans Received This Period Date Amount				Amount	Payments This Period Date Amount				
Date Loan was originally Incurred	М	D _.	Y	M.	D	Y.	\$	Autount	М	D D	Y	S	
					<u> </u>	 				<u> </u>	<u> </u>		
Registration Number, if PAC				M	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*					D I	Y			M	D	Y		
From Whom Received					<u> </u>	<u> </u>			Prior An	nount	,	Amt, Incurred this Period	
Address		-		<u> </u>								Outstanding Balance	
City	Loans Received This Period												
спу	State	Zip Coo	ıc	1.0	ans Recei Date	ved This	Period	Amount	Payments This Period Date Amount			Amount	
Date Loan was originally	М	D	Y	M:	D	Y	Ś		М	D	Y	\$	
Registration Number, if PAC			1 !	M	D	+			M	D	Y		
Registration Number, if FAC				IVI	"	'							
Employer/Occupation/Labor Organization*					D	Y			М	D	Y		
						<u> </u>	1						
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap	l. If two o pear. R.C	оппоге ег Э. 3517.1	nployees d 0(B)(4)	onate via	payroll de	duction a	nd excee	d the aggregate of	\$100, the lab	or organiz	ation of w	hich	
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	"Outstan period to t	ding Bal the Stater	ance" spac ment of Ex	e. Transfe penditure:	er total of : s (Form N	all loans r o. 31-B).	eceived Transfei	this period to the St Total Outstanding	atement of C Balance to the	other Incor he cover pa	ne (Form age (Form	No. 31-A-2). i No. 30-A).	
1 Total prior amount \$			700.00	_									
2 Total received this period \$				0.00	(To Fo	rm No. 31	-A-2)						

0.00 (also record on Form 31-B)

700.00 (To Form No. 30-A)