31-C R.C. 3517.10

## 2010 SEP 24 PM 12: 38

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## Statement of Loans Received

				Pro	escribed b	y Secreta	ry of Sta	te3/05				
Full Name of Committee			Personal Insurance		ACOJ MOStolejenický vrtumovane; a							
The Committee for C	Chris	Long	yr						Opinion and the state of the st			
From Whom Received			A Jahoong Spison as area milys			0.00			Prior Am	ount		Amt. Incurred this Period
Chris Long										******************************	0.00	300.00
Address												Outstanding Balance
1675 Haft Drive												Forgiven
City		Zip Cod		Loa	ıns Receiv	ved This	Period				-	ents This Period
Reynoldsburg	OH	4306			Date	.,	<u> </u>	Amount		Date		Amount
Date Loan was originally	M	D	Y	М	D	Y	\$	***	М	D	Y	\$
Incurred				0 5				300.00			<u> </u>	
Registration Number, if PAC				М	D	Y			M	D	Y	
								,				
Employer/Occupation/Labor Organization*				М	D	Y	3		М	D	Y	
Candidate	and a code of state											
From Whom Received									Prior Am	iount		Amt. Incurred this Period
Address												Outstanding Balance
radioss												
City	State	Zip Cod	е	Loa	ıns Recei	ved This	Period			D-4		ents This Period Amount
5			1 77		Date	T v	6	Amount	М	Dat D	T Y	Amount
Date Loan was originally	M	D	Y	М	D	Y	3		iVi		1	pφ
Incurred	<u> </u>	<u></u>	<u> </u>	M	D	Y			M	D	Y	
Registration Number, if PAC				IVI	U	1			171		1	
Employer/Occupation/Labor Organization*				М	D	Y	-		М	D	Y	
Employer/Occupation Easor Organization												
From Whom Received									Prior An	ount		Amt. Incurred this Period
											oonuu saasain mi	
Address												Outstanding Balance
City	State	Zip Cod	e	Le	ans Recei	ved This	Period			(68) 10 (16) (6)	Payn	nents This Period
					Date			Amount		Dat	е	Amount
Date Loan was originally	M	D	Y	М	D	Y	\$		М	D	Y	\$
Incurred												
Registration Number, if PAC			·	М	D	Y			М	D	Y	
					<u> </u>					4	1	
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y	
			accession and a second		1				<u></u>	1		
**			.1	le, aandida	ton If con	tributar i	· calf am	nloyed accumpation an	d the nam	a of the in	dividual'e	hiseiness
* Required for contributions over \$100 to statewide and general assembly candidates. If 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 ap				ionate via	payron de	aucutii a	na cacce	a the approprie of \$10	o, the ide	or organiz	muon or v	
the employees are members, it any, must ap	pear. N.C	,, JJ11,10	(4)(4)									

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 \$	300.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-E
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)