

Statement of Loans Received

Prescribed by Secretary of State 3-05

Full Name of Contributor Kambon, Edu									
From Whom Received Hanifah Kambon							Prior Amount 0 -		Amt. Incurred this Period 300.00
Address 63 N. Ohio Ave									Outstanding Balance 300.00
City Columbus		State Oh		Zip Code 43203		Loans Received This Period Date Amount		Payments This Period Date Amount	
Date Loan was originally Incurred		M D Y		M D Y		S			
		11 21 2012		11 21 12		300.00			
Registration Number, if PAC				M D Y				M D Y	
Employer, Occupation Labor Organization*				M D Y				M D Y	
From Whom Received Hanifah Kambon							Prior Amount 300.00		Amt. Incurred this Period 300.00
Address 63 N. Ohio Ave									Outstanding Balance 600.00
City Columbus		State Oh		Zip Code 43203		Loans Received This Period Date Amount		Payments This Period Date Amount	
Date Loan was originally Incurred		M D Y		M D Y		S			
		9 30 13		9 30 13		300.00			
Registration Number, if PAC				M D Y				M D Y	
Employer, Occupation Labor Organization*				M D Y				M D Y	
From Whom Received							Prior Amount		Amt. Incurred this Period
Address									Outstanding Balance
City		State		Zip Code		Loans Received This Period Date Amount		Payments This Period Date Amount	
Date Loan was originally Incurred		M D Y		M D Y		S			
Registration Number, if PAC				M D Y				M D Y	
Employer, Occupation Labor Organization*				M D Y				M D Y	

* 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)]

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 \$ 300.00

² Total received this period \$ 300.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0 - (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 600.00 (To Form No. 30-A)