Statement of Loans Received

1 Page ____

Prescribed by Secretary of State 3/05

| Full Name of Committee | | | | | | | | · | | | | |
|---|--------------|-------------------|------------|--|--|------------|--------------------------|----------------------------------|---------------------------------------|-----------|---------------------------|--|
| KNEELAND FOR COL | JNCIL | | | | | | | | - | | Ant Incured this Period | |
| From Whom Received THOMAS & REBECCA | | | | | | \$1,058.05 | | \$20.85 | | | | |
| Address 123 SERRAN DRIVE | | | • | | | | | 4 8 | | | Outstanding Balance | |
| City GAHANNA | St ate OH | Zip Code 43230 | | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | | |
| Date Loan was | 1 0 | D 2 | 0 7 | М | D | 0 7 | \$ \$20.85 | м 1 1 | о 6 | 0 7 | \$ \$1,058.05 | |
| originally Incurred Registration Number, if PAC | J., | <u> </u> | <u></u> | M | D | Ÿ | | M | D | 7. | | |
| Employer/Occupation/Labor Organization* | | | | NI | D | 7. | | M | D | Y | | |
| From Whom Received | | | | | | | | Риог Авч | Piror Amount Amt Incurred this Period | | | |
| Address | | | 1., | | | | | | | | Outstanding Balance | |
| City | St ate OH | Zıp Code | , | Loans Received This Period Date Amount | | | ed This Period Amount | Payments This Period Date Amount | | | | |
| Date Loan was | M | D | Y | М | D | Y | \$ | М | D | Y | S | |
| Registration Number, if PAC | 1 | <u> </u> | .1 | М | D | Y | | М | D | Y | | |
| Employer/Occupation/Labor Organizati | on* | | .,, | И | D | Y | i | М | D | 1_ | | |
| From Whom Received | | | | | 1 | ا | | Prior Am | eunt | • | Amt, Incurred this Period | |
| Address | | | | | | <u>.</u> | | | | | Outstanding Balance | |
| Cny | St ate OH | Zip Code | ÷ | D | Loans Received This Period Date Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was | М | D | Y | М | D | 7 | \$ | М | D | Y | \$ | |
| originally Incurred Registration Number, if PAC | <u> </u> | .1 | <u> </u> | М | D | Y | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | M | D | 7. | | 14 | D | Y. | | |
| * Required for contributions from i | ndividuals | over \$100 | to statewi | de and ge | eneral as | sembly | candidates. If contrib | utor is self | -employe | d, 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).

| [‡] Total prior amount \$\$1, | | |
|--|------------|----------------------|
| ² Total received this period \$ | \$20.85 | (To Form No. 31-A-2) |
| ³ Total payments this period \$ _ | \$1,058.05 | (To Form No. 31-B) |
| ⁴ Total Outstanding Balance \$ _ | \$0.00 | (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)]