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R	C.	35	7.	10

Statement of Loans Received

					escribed b	· Decrea	.,						
Full Name of Committee	و در نجاحات				_	•					•		***
Citizens for Kristi Robbins							Prior Amount Amt, Incur			curred this Period			
From Whom Received				hhine	bhine			4,000.00				0.00	
Advent Resource Mgmt; Attn: Eric Ro				poins				2.,		Outstan	ding Balance		
- 106 Bellefield Avent	ie										i		0.00
City		Zip Code		Loans Received This Period			Payments This Period						
Westerville	O.H	43081	l	<u>.</u> ـ	Date			Amount		Date			Amount
Date Loan was originally	M	D	Y	M	D	Y	\$		M.	D	Y	\$	00.0
Incurred	-1019	0 2	0 5	ı			<u> </u>		0.1	29	1 2		80.3
Registration Number, if PAC				M	D	Y			$\begin{bmatrix} \mathbf{M}^{\dagger} \\ 0 + 1 \end{bmatrix}$	р 3 0	1 2		FORGIVE
Employer/Occupation/Labor Organization*			М	D	Y	1		М	Ď	Y			
From Whom Received					<u> </u>	<u> </u>	<u> </u>		Prior Am	ount	<u> </u>	Amt. In	curred this Period
Address											ļ,	Ontstan	ding Balance
City	State	Zip Code	:	Loans Received This Period			Payments This Period						
		1			Date			Amount		Date			Amount
Date Loan was originally	М	D	Y	M	D	Y	\$		M	D ₁	Y	S	
Incurred		1	i				↓			<u> </u>	ļ <u> </u>		
Registration Number, if PAC				M	D	Y	1		M.	D	Y .		
Employer/Occupation/Labor Organization*			M	D	Y	1		M	D	Y			
				l į	<u> </u>	1					1		
From Whom Received				,1					Prior An	muo		Amt. li	icurred this Period
Address											ł	Ontstai	nding Balance
Ciny	State	Zip Cod	e	Loans Received This Period Date Amount				Payments This Period Date Amount					
Date Loan was originally	м	D	Y	M¦	D	Y	S		М	Ð	Y	S	
Incurred		;	;		1 1	Ш.				<u> </u>		↓	
Registration Number, if PAC			•	M	D	Y			М	D	Y	l	
Employer/Occupation/Labor Organization*			M,	D	Y	†		М	D I	Y			
					1 1				I	<u> </u>	Ш.—		
* Required for contributions over \$100													

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 \$	4,000.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	80.31 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)

the employees are members, if any, must appear, R.C. 3517.10(B)(4)