## 31-C. R.C. 3517.10

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## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

	CANADA AND AND AND AND AND AND AND AND AN									
Full Name of Committee People for Shirli Billing	gs						e e 1. 19. j. Gales e 14			
-							Prior A	mount		Amt. Incurred this Period 600.00
Address 34 Keswick Dr.										Outstanding Balance 600.00
City New Albany	St ate	Zip Code 43054	ь	Loans Received This Period Date Amoun				Payments This Period Date Amount		
Date Loan was	м 0 8	D Y. 1 1 0 9	М	D	y D 9	\$ 100.00	М	D	Y	s O
originally Incurred Registration Number, if PAC  n/a			0 <sup>M</sup> 8	D 1 4	0 9	500.00	M	D.	Y	
Employer/Occupation/Labor Organization	*		М	D	Y		М	D	Y	
From Whom Received				*			Prior A	mount		Amt. Incurred this Period
Address										Outstanding Balance
City	Strate	Zíp Code		Loan Date	s Receiv	ed This Period Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	М	D Y	М	D	Y	\$	М	D	Y	\$
Registration Number, if PAC		<u> </u>	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	1*		М	D	Y		М	D	Y	
From Whom Received							Prior A	Amount		Amt. Incurred this Period
Address										Outstanding Balance
City	St ate	Zip Code		<b>Loan</b> Date	is Receiv	red This Period Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	М	Y CI	M	D	Y	\$	М	D	Y	\$
Registration Number, if PAC			М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
* Required for contributions from in	dividuals	over \$100 to statew	ide and g	eneral a	ssembly	candidates. If con	tributor is so	elf-employ	ed, the o	ecupation 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 \$0		
Total received this period \$	600.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	0	(fo Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	600.00	(To Form No. 30-A

<sup>\*</sup> 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)]