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## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee													
Full Name of Committee Citizens for Thomas													
•									_	***	•		
From Whom Received									Prior Amount \$20,000.00			Amt. Incurred this Period	
Jesse Thomas								\$0.00					
Address									· .			Outstanding Balance	
7874 Jonell Square												\$20,000.00	
City	St ate	Zip Code			-								
New Albany	ОН	43054		Loans Received This Period Date Amount					Date		This Period Amount		
	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Date Loan was	0 1	0 8	1 6	Ī			1		1				
Originally Incurred	1	L	<u> </u>	М	D	Y	<b>.</b>		Н_м	D	Y	<del></del>	
Registration Number, if PAC				l <sup>M</sup>	"	'	1		141	"	1	l '	
Employed Communication II also C	·*					V	<u> </u>		<u>—</u>	D	Y		
Employer/Occupation/Labor Organization	H1 ~			М	D	Y			[M]	"	'		
From Whom Received				<u> </u>	Ц				Prior Am	ount		Amt. Incurred this Period	
Address											9.4	Outstanding Balance	
											.5.	<u> </u>	
City State Zip Code OH					Loans Received This Period								
					Loan Date	s Receiv	ed This I	Period Amount		Payments This Period Date Amount			
	М	D	Y	М	D	Y	S	,	М	D	Υ	\$	
Date Loan was		1		1			1		1		1		
originally Incurred	1			<b>!</b>	1	<u> </u>	1		<del>                                     </del>	1	1		
Registration Number, if PAC				М	ט	Y			М	D	Y		
									<u> </u>	<u></u>	<u></u>		
Employer/Occupation/Labor Organization	)n.*			М	D	Y			М	D	Y		
				1					ļ			I	
From Whom Received					•	•			Prior Am	ount	-	Amt. Incurred this Period	
Address											- €	Outstanding Balance	
											4	<u> </u>	
City	St ate	Zip Cod	<u> </u>	T								<del></del>	
OH				1	Loans Received This Period					Payments This Period			
	М	D	ΙΥ	M	Date D	ΤŸ	Is	Amount	M	Date D	T Y	Amount	
Date Loan was	M	"	r	I MI	"	[ '	ľ		(**	"	1	ľ	
originally Incurred				1		1			1 .	<u></u>	<u></u>	<u></u>	
Registration Number, if PAC		•		М	D	Y			М	D	Y		
				1						1			
Employer/Occupation/Labor Organization*			М	D	Y	†		М	D	Y			
				[	ŀ	1	1		1	1		1	
* Required for contributions from it	ndividuale 4	over \$100	to statewa	de and o	eneral a	ssembly	candida	ites. If contribi	nor is self.	emplove	ed, the on	cupation and the name of	
reduing to continuous nomin	TIWWWIJ (				,						,	•	

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 \$ \$20		
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
4 Total Outstanding Balance \$	\$20,000.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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)]