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## **Statement of Loans Received**

Form 31-0

R.C. 3517.10

Full Name of Cor	nmittee							_	
Frien	al C	$\sim C$	i mr	7 81	V100	ø			
From Whom Received	,015	( ) 1 -	2011	J, UI	401		In		\ <u>-</u>
Lori J. Elmore							Prior Amount Amt. Incurred this Period		
Street Address								Outsta	nding Balance
Street Address  645 Fairway Blud  City State Zin Code								10	00.00
city Whiteha		State OH	Zip Code 43213	Loans Received This Period			Payments Received This Period		
		iginal Loar	(MM/DD/YYYY)	Date of Loan (MM	/DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
	07	107	12017	107/07	12017	100.00			
Registration Number, if PAC				Date of Loan (MM/	<del></del>	Amount	Date of Payment (MM/DD/YYYY) Amount		
Employer/Occupation/Labor Organization*				Date of Loan (MM/	/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		Amount
From Whom Received							Prior Amount	Amt. Ir	curred this Period
Street Address							Outstanding Balance		
City		State	Zip Code		·				
	ОН				ceived TI	nis Period	Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)				Date of Loan (MM/DD/YYYY) Amou		Amount	Date of Payment (MM/DD/YYYY) Amount		Amount
Registration Number, if PAC				Date of Loan (MM/DD/YYYY)		Amount	Date of Payment (MM/DD/YYYY) Amount		Amount
Employer/Occupation/Labor Organization*				Date of Loan (MM/DD/YYYY)		Amount	Date of Payment (MM/DD/YYYY) Amount		Amount
* 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).									
Total Prior Amount	t \$		<del>0</del>	<u> </u>					
Total Received This Period \$ (also record on Form 31-A-2)									
Total Payments Re	d \$		_ (also record on Form 31-B)						
Total Outstanding Balance \$				0	_ (also record on Form 30-A)				