## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee												
Friends of Charlie Myers From Whom Received Marshall Spalding									Prior Amount \$0.00		Amt. Incurred this Period \$200.00	
Address 1940 Glenford Ct											Outstanding Balance \$0.00	
<sup>City</sup> Reynoldsburg	St ate OH	Zip Code 43068		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	0 4	2 4	1 7	м 0 4	<sup>D</sup> 2 4	1 7	\$ \$200.00	0 6	0 1	1 7	\$ \$200.00	
Registration Number, if PAC	•	•	1	M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received Amanda R Myers								Prior Amount \$0.00			Amt. Incurred this Period \$300.00	
Address 8522 Starlight Ct			·								Outstanding Balance \$0.00	
<sup>City</sup> Reynoldsburg	St ate OH				Loans Received This Period  Date Amount				Payments This Period  Date Amount			
Date Loan was originally Incurred	0 4	2 <sup>D</sup> 1	1 7	м 0 4	<sup>D</sup> 2 1	1 7	\$ \$300.00	0 6	0 1	1 7	\$300.00	
Registration Number, if PAC	·!	•	•	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received					· .	1 .		Prior Am	ount	1	Amt. Incurred this Period	
Address											Outstanding Balance	
City	St ate OH	1 *			Loans Received This Period Date Amount				I Date	Payments	This Period Amount	
Date Loan was originally Incurred	М	D	Y	M	D	Y	S	М	D	Y	\$	
Registration Number, if PAC				М	D	Y		M	D	Y.		
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y		
* Required for contributions from in												

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).

<sup>1</sup> Total prior amount \$\$0.		
<sup>2</sup> Total received this period \$	\$500.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$500.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$0.00	(To Form No. 30-A)

the individual's business, it any, rather than employer should be listed. If two or more employees control labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]