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R.	C.	35	17.	10

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## Statement of Loans Received

Prescribed by Secretary of State3i0:

				Pre	scribed by	· Secretar	y or Stat	e3103				
Full Name of Committee												
REPRESENT COLUM	<u>BUS</u>											
From Whom Received							Prior Amount			Amt, Incurred this Period		
German Trejo									0.00	5,769.00		
Address									<b>X</b>			Outstanding Balance
703 E. Long Street, #4												5,769.00
City		Zip Code		l.oa	ns Receiv	ed This I	eriod		1	_	•	ents This Period
Columbus		43203		<b>!</b>	Date			Amount		Dat		Amount
Date Loan was originally	M	D	Y 1	M	D	Y	S	4450.00	M	D	Y	S
Incurred	1 2	019	15	1 2	019			115 <u>0.00</u>	_	<u> </u>	1	
Registration Number, if PAC				M	D	Y		4610.00	M	D	Y	
				1 2	1   5		├	4619.00		<del>                                     </del>	Y	
Employer Occupation Labor Organization*				M	D	Y	]		M	D	',	
G & T Consulting						1	j		Prior A	nou <b>n</b> !	1 1	Amt, Incurred this Period
From Whom Received									Prior At	noant		And theured and Feriod
Address									÷ ,			Outstanding Balance
										•		
City	State	Zip Code	:	Loa	ıns Recei	ved This	Period		Ţ		•	ents This Period
					Date			Amount	1	Dat		Amount
Date Loan was originally	M	D	Y	M	D	Y	S		M	D <sub>.</sub>	Y	S
Incurred 🚝 🧎 🛴 💮					1				<u> </u>	<u> </u>	<u> </u>	
Registration Number, if PAC	_			M	D	l Y			М	D	Y	
Employer Occupation/Labor Organization*				M	D .	Y			M	D	Y	<del></del>
Employen occupation (2001 Organization)					1 1				]	1 1	] !	
From Whom Received									Prior A	nount		Amt, Incurred this Period
Address									:			Outstanding Balance
											: -	
City	State	Zip Cod	e	Lo	ans Recei Date	ved This	Period	Amount		Da	•	nents This Period Amount
Date Loan was originally	M	D	Y	M)	D	Y	s	·	M	D	Y	S
Incurred		1		1								<u></u>
Registration Number, if PAC		•	•	M	D	Y			M	D	Y	
_										1	<u> </u>	
Employer Occupation Labor Organization*	•			М	D <sub>.</sub>	Y			М	D	Y	ì
					1 1	<u> </u>					<u> </u>	<u> </u>
				_								
* Required for contributions over \$100 to s	statewide	and gener	al assemb	ry candida	ites. If cor	tributor is	self-em	ployed, occupation at	id the nar	ne of the i	ndividual's	ousiness.

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 \$	0.00
2	Total received this period \$	5,769.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	5,769.00 (To Form No. 30-A)

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individuals obstites
if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which
the employees are members, if any, must appear, R.C. 3517.10(B)(4)