31-C	
R.C. 3517.10	

Statement of Loans Received

Page	

				Prescrib	ed by Sco	retary of	State 3/05					
Full Name of Committee Cornfort For UA School	s			******	·							
From Whom Received Robin For UA Schools				- 1777				Prior A \$0	neent ,00		Ant. Incurred this Period \$1,000.00	
Address 2275 Onandaga Drive		 -							u		Outstanding Balance \$1,000.00	
Lity Upper Arlington	State Zip Code OH 43221				Loans Received This Period Date Amount				Payments This Period Date Amoun			
Date Loan was	м 0 7	D 0 5	1 1	м 0 7	D 0 5	Y 1 1	\$ \$1,000.00	М	D	Y	\$ \$0.00	
originally Incurred Registration Number, if PAC		l!		M	D	Y		М	D	Y :		
Employer/Occupation/Labor Organic	zation*			М	D	Y		М	D	Y		
rom Whom Received							·	Prior A	mount		Amt. Incurred this Period	
Address	-			•							Outstanding Balance	
ity	St ate OH	Zip Code			Loan Date	s Receiv	ed This Period Amount		Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y .	М	D	Y	s	М	D	Y.		
egistration Number, if PAC	<u> </u>	1		М	D	Y		M	D	Y		
imployer/Occupation/Labor Organi	eation*			М	D	Y		M	D	Y		
rom Whom Received	·							Prior A	nount		Amt. Incurred this Period	
Address									*		Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Date		This Period Amount		
Date Loan was originally Incurred	M	D	Y	М	Dj.	Y	S	М	D	Y _i		
egistration Number, if PAC		<u> </u>		М	D	Y		М	D	Y		
imployer/Occupation/Labor Organia				М	D	Ÿ		М	D	Y		
Required for contributions from the individual's business, if any, labor organization of which the	, rather than en employees are	ployer sho members,	uld be li if any, n	sted. If to nust also	wo or me appear.	re emp [R.C. 35	loyees contribute v 517.10(B)(4)]	ia payroli de	ацсиол аг	ia exceed	tthe aggregate of \$100, b	
a loan is forgiven, write "Facome (Form No. 31-A-2). To alance to the Cover page (F	ransfer total	of all payı	ending l ments n	Balance nade in t	" space, this peri	Transi od to ti	fer total of all losses Statement of E	ns received xpenditures	this peris	iod to th No. 31 - E	e Statement of Other 3). Transfer Outstandi	
Total prior amount \$\$	0.00		_									
Total received this period \$	\$1,000	.00		_(To Fo	orm No.	31-A-	2)					
Total payments this period S	\$0.00			(To Form	No. 3	1-B)					

(To Form No. 30-A) -

\$1,000.00

⁴ Total Outstanding Balance \$ _