## **Statement of Loans Received**



Prescribed by Secretary of State 3/05				
Full Name of Committee CITIZONS FER KAP	LAa )	<del>-</del>		
From Whom Received		Prior Amount	Amt. Incurred this Period	
Address 7313 CHRISTIE CHAPEL		*	Outstanding Balance	
City State Zip Code  OH 43017	Loans Received This Period Date Amount	Payments This Period  Date Amount		
Date Loan was	M D Y S OG	M D Y	\$	
originally Incurred  Registration Number, if PAC	M D Y	M D Y		
Employer/Occupation/Labor Organization*	M D Y	M D Y		
From Whom Received	1 1 1 1	Prior Amount	Amt. Incurred this Period	
Address 1313 CHRISTIE CA	HAPEL -		Outstanding Balance	
City State Zip Gode  OH 43017	Loans Received This Period Payments This Period Date Amount Date Amount		This Period Amount	
Date Loan was originally Incurred	M D Y 6400 0	M D Y	S	
Registration Number, if PAC	M D Y	M D Y		
Employer/Occupation/Labor Organization*	M D Y	M D Y		
From Whom Received		Prior Amount	Amt. Incurred this Period	
-1373 CHRISTIE CH	APEL		Outstanding Balance	
City State Zip Code  Och 4307	Loans Received This Period Payments This Period  Date Amount Date Amount			
Date Loan was originally Incurred	M D Y GO	M D Y	S	
Registration Number, if PAC	M D Y	M D Y		
Employer/Occupation/Labor Organization*	M D Y	M D Y		
* Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be lis labor organization of which the employees are members, if any, m	sted. If two or more employees contribute via pa	for is self-employed, the oc lyroll deduction and exceed	cupation and the name of the aggregate of \$100, the	

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).

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