Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05							
Full Name of Committee	Ech Mars	shall Spalding	···				
From Whom Received Marshall Address	A. Spaldin	9	Prior Amount	Amt. Incurred this Period 2,500,00 Outstanding Balance			
Full Name of Committee (17/2005 Con Marshall Spalding From Whom Received Marshall A. Spalding Address 1940 Glen Gord Court City Reynoldsburg M. D. Y. M. D. Y. S.			Payments	This Period			
Reynoldsburg	OH 43068	Date Amount M D Yi S	Date Date	Amount			
Date Loan was originally Incurred	080315						
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			
Address				Outstanding Balance			
City	Strate Zip Code OH	Loans Received This Period Date Amount	Payments This Period Date Amount				
Date Loan was	M D Y	M D Y S	M D Y	S			
Registration Number, if PAC	<u> </u>	M D Y	M D Y				
Employer/Occupation/Labor Organization	n*	M D Y	M D Y				
From Whom Received			Prior Amount	Amt. Incurred this Period			
Address		Outstanding Balance					
City	St ate Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount				
Date Loan was originally incurred	M D Y	M D Y S	M D Y	.			
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 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 "Forg Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	nsfer total of all payments m	Balance" space. Transfer total of all loans to lade in this period to the Statement of Expe	received this period to the inditures (Form No. 31-	ne Statement of Other B). Transfer Outstanding			
¹ Total prior amount \$							
² Total received this period \$\$0.80 \$\frac{9}{2},500 (To Form No. 31-A-2)							
³ Total payments this period \$ _	\$ 0.0 0	(To Form No. 31-B)					

\$0:00-

⁴ Total Outstanding Balance \$