

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee DeGraw for Mayor																	
From Whom Received Linda DeGraw										Prior Amount		Amt. Incurred this Period \$ 100					
Address 1158 Virginia Ave												Outstanding Balance \$ 100					
City Columbus			State OH		Zip Code 43212			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
Date Loan was originally Incurred			M		D		Y		\$		M		D		Y		
081011			08		10		11		100								
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			

From Whom Received																	
Address										Prior Amount		Amt. Incurred this Period					
												Outstanding Balance					
City			State		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
Date Loan was originally Incurred			M		D		Y		\$		M		D		Y		
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										M		D		Y			

From Whom Received																	
Address										Prior Amount		Amt. Incurred this Period					
												Outstanding Balance					
City			State		Zip Code			Loans Received This Period				Payments This Period					
								Date		Amount		Date		Amount			
Date Loan was originally Incurred			M		D		Y		\$		M		D		Y		
Registration Number, if PAC										M		D		Y			
Employer/Occupation/Labor Organization*										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 "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 \$ _____

² Total received this period \$ 100 (To Form No. 31-A-2)

³ Total payments this period \$ _____ (To Form No. 31-B)

⁴ Total Outstanding Balance \$ _____ (To Form No. 30-A)