

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Gibson For Trustee									
From Whom Received Shane B. Gibson						Prior Amount 30.00 90.00		Amt. Incurred this Period _____	
Address 5654 Linn Dr								Outstanding Balance 90.00	
City Grove City		State OH		Zip Code 43123		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally incurred		M 09		D 08		Y 09		M D Y 	
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		State OH		Zip Code		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally incurred		M 		D 		Y 		M D Y 	
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		State OH		Zip Code		Loans Received This Period		Payments This Period	
						Date		Date	
						Amount		Amount	
Date Loan was originally incurred		M 		D 		Y 		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 "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 \$ 00.00

² Total received this period \$ 00.00 (To Form No. 31-A-2)

³ Total payments this period \$ 00.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 00.00 (To Form No. 30-A)