

## **Statement of Loans Received**

Form 31-C

R.C. 3517.10							
Full Name of Committee							
From Whom Received				Prior Amount Arnt. Incurred this Period		curred this Period	
CAMELIA A MELURE				_0-			
Street Address				Outstar	nding Balance		
Street Address  Outstanding Balance							
GROVE CITY OH 43123	Loans Received This Period			Payments This Period			
Date Loan was Originally Incurred (MM/DD/YYYY)	Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MM/DD/YYYY) Amount				
09/12/2019	69/12/201	۹	1,000.00				
Registration Number, if PAC	Date of Loan (MM/DD/Y	YYY)	Amount	Date of Payment (MM/DI	OYYYY)	Amount	
	09/30/201	9	# 5∞. ∞				
Employer/Occupation/Labor Organization*			Amount 5,400.00	Date of Payment (MM/DD/YYYY) Amount			
From Whom Received				Prior Amount	Amt. In	curred this Period	
Street Address				Outstar	nding Balance		
City State Zip Code	•						
	Loans Received This Period			Payments This Period			
Date Loan was Originally Incurred (MM/DD/YYYY)  Date of Loan (MM/DD			Amount	Date of Payment (MM/DI	D/YYYY)	Amount	
Registration Number, if PAC	Date of Loan (MM/DD/YYYY) Amount		Amount	Date of Payment (MM/D	D/YYYY)	Amount	
Employer/Occupation/Labor Organization*	Date of Loan (MM/DD/YYYY) Amount		Date of Payment (MM/DD/YYYY) Amount		Amount		
	J						
* 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).							
Total Prior Amount \$ _ O -							
Cal Received This Period \$ 6,900.	80						
	ord on Form 31-A-	2)					
Total Payments Received this Period \$			(also record on Form 31-B)				
Total Outstanding Balance \$ 6,900.	(also record on Form 30-/						