Statement of Loans Received

ł		
	1	
Dana	1	
Page		
_		

Prescribed by Secretary of State 3/05

Full Name of Committee Phil Harmon for Columb	ous City Co	uncil Campaig	n Comr	nittee			_			
From Whom Received Phil Harmon					Prior Amount \$50,000.00			Amt. Incurred this Period \$0.00		
Address 5312 Longrifle Rd.										Outstanding Balance \$50,000.00
City Westerville	St ate OH	Zip Code 43081)	Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was	0 7	2 9 0 5	М	D	Y	\$ \$0.00	М	D	Y	\$ \$0.00
Registration Number, if PAC		<u> </u>	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization* Attorney, self, 6649 N. High St., #105, Worthington, OH 43085			М	D	Y		М	D	Y	
From Whom Received							Prior An	nount		Amt. Incurred this Period
Address			-							Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount		Payments This Period Date Amount		This Period Amount		
Date Loan was originally Incurred	М	D Y	М	D	Y	\$	М	D	Y	\$
Registration Number, if PAC			М	D	Y		М	D	Y	
Employer/Occupation/Labor Organiz	zation*		М	D	Y		М	D	Y	
From Whom Received	·			,			Prior An	nount		Amt. Incurred this Period
Address										Outstanding Balance
City	St ate OH	Zip Code	,	Loan Date	s Receiv	ed This Period Amount		Date	Payments	This Period Amount
Date Loan was originally Incurred	M	D Y	M	D	Y	\$	М	D	Y	S
Registration Number, if PAC			М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
* Required for contributions from	n individuals o		de and g	eneral as	sembly	candidates. If contribu	tor is self	employe	d, the oc	cupation and the name of

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 \$\$50	0,000.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$50,000.00	(To Form No. 30-A)

^{*} 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)]