Statement of Loans Received

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Prescribed by Secretary of State 3/05

E.W.M.				=							
Full Name of Committee CiTiZPUS	for,	Brian	n /	ar	ick	-					
Full Name of Committee CiTiZPhs for Brian Larick From Whom Received Brian Larick Address 774 Hunters Clen Dr. City Cahanna OH 43230 Date Loans Received This Period Amount							Prior Amount			Amt. Incurred this Period	
774 HUNTERS Colem Dr.							4.		8	Outstanding Balance	
City State Zip Code 17 H 47230				Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	,	λ (³ 3	M O 6		17	3000	М	D	Y	S CO	
Registration Number, if PAC				03	Y 3	1400	M	D	Y		
Employer/Occupation/Labor Organization*				D 6	13	3000 1400 8600	М	D	Y		
From Whom Received							Prior Ar	nouat		Amt. Incurred this Period	
Address							- Avea		h h	Outstanding Balance	
City	St ate Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred Registration Number, if PAC	M D	Y	M	D	Y	S	M	D	Y	\$	
Employer/Occupation/Labor Organization*				D	Y		М	D	Y		
From Whom Received					<u> </u>		Prior Ar	nount	1 1	Amt. Incurred this Period	
Address							:		e maga	Outstanding Balance	
City	St ate Zip (Code		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred Registration Number, if PAC	M D	Y	M M	D D	Y	\$	M	D.	Y	\$	
Employer/Occupation/Labor Organization	ı*		M	D	Y		M	D	Y		
* Required for contributions from inc the individual's business, if any, rath labor organization of which the emp	er than employ	er should be lis	sted. If t	wo or mo	re empl	oyees contribute via p	itor is seli ayroll dec	f-employeduction a	ed, the oc	eupation and the name of the aggregate of \$100, the	
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Trans Balance to the Cover page (Form	sfer total of all	outstanding B payments m	alance ade in 1	" space. this peri	Transf od to th	er total of all loans se Statement of Expo	received enditures	this per s (Form	riod to th No. 31-E	e Statement of Other 3). Transfer Outstanding	
Total prior amount \$		<u></u>									
² Total received this period \$	300	0	(To Fo	orm No.	31-A-2	2)					
³ Total payments this period \$		0	(To Form	No. 3	1-B)					
⁴ Total Outstanding Balance \$	1300	0	+	(To Forr	n No. 3	(0-A)					