

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Friends of Zach Scott									
From Whom Received Zachary Scott						Prior Amount 15,000.00		Amt. Incurred this Period 0.00	
Address 7784 Rowles Dr								Outstanding Balance 15,000.00	
City Columbus		State O H	Zip Code 43235	Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M 1	D 0	Y 0	M 1	D 0	Y 1	\$ 0	\$ 0.00
Registration Number, if PAC				M 1		D 0	Y 1	\$ 0	\$ 0.00
Employer/Occupation/Labor Organization*				M 1		D 0	Y 1	\$ 0	\$ 0.00
Franklin County Sheriff Office, Sheriff				1		0	1	0	0.00
From Whom Received Charles R. Lang, Jr						Prior Amount 15,000.00		Amt. Incurred this Period	
Address 1751 Hiner Rd								Outstanding Balance 15,000.00	
City Orient		State O H	Zip Code 43146	Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M 1	D 0	Y 0	M 1	D 0	Y 1	\$ 0	\$ 0.000
Registration Number, if PAC				M 1		D 0	Y 1	\$ 0	\$ 0.000
Employer/Occupation/Labor Organization*				M 1		D 0	Y 1	\$ 0	\$ 0.000
FOG Recycling, Owner				1		0	1	0	0.000
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City		State	Zip Code	Loans Received This Period Date Amount		Payments This Period 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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must 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 Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 30,000.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 30,000.00 (To Form No. 30-A)