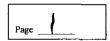
## **Statement of Loans Received**



Prescribed by Secretary of State 3/05

Full Name of Committee  it Izens tor Marshall Spalding  From Whom Received  Prior Amount   Amt. Incurred this Period						
From Whom Received	Prior Amount	Amt. Incurred this Period				
Marshall	A	Spal	din	g		2,500
From Whom Received    Arshall A. Spalding     Address   1940 6-lenterd Court     City   State   Zip Code     Reynoldsburg   OH   43068   Date   Amount     M   D   Yi   M   D   Yi   S						Outstanding Balance
City St ate Zip Code					P	TL:- n:- 1
Reynoldsburg OH 43068				Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	08	03	<u> </u>  5-		090315	2,081.26
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  1940 Glen Ford Court  City Reynolds burg  M D Y M D Y S S Court  Court  City Reynolds burg  M D Y M D Y S S Court  City Reynolds burg  M D Y S S Court  City Reversed This Period Amount  M D Y S					., .,	Outstanding Balance
City	St ate	Zip Code	• •			
Reynoldsburg	OH	4306	8	Loans Received This Period Date Amount	Date	This Period Amount
Date Loan was originally incurred	0 8	0 3	15	11 64 15 344.49	091015	192.79
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·	1	<del>- ,</del>	M D Y	MO 3/15	20.00
Employer/Occupation/Labor Organization*				M D Y	MO 14 15	
From Whom Received					Prior Amount	Amt. Incurred this Period
Address						Outstanding Balance
City	St ate	le Zip Code		Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally incurred	М	D	Y	M D Y S	101615	162.44
Registration Number, if PAC				M D Y	MO 16 15	172.00
Employer/Occupation/Labor Organization*				M D Y	M D Y	1,150
* 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).						
<sup>1</sup> Total prior amount \$2500.00						
<sup>2</sup> Total received this period \$ 344.49 (To Form No. 31-A-2)						
<sup>3</sup> Total payments this period \$ $\frac{2844.49}{}$ (To Form No. 31-B)						
<sup>4</sup> Total Outstanding Balance \$ Forgiver (To Form No. 30-A)						