

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Marshall Spalding									
From Whom Received Marshall A. Spalding							Prior Amount	Amt. Incurred this Period 1000.00	
Address 1940 Glenford Ct.								Outstanding Balance 1000.00	
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period				Payments This Period		
			Date	Amount		Date	Amount		
Date Loan was originally Incurred			M	D	Y	\$	M	D	Y
Registration Number, if PAC			M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y
From Whom Received Marshall A. Spalding							Prior Amount 1000.00	Amt. Incurred this Period 1500.00	
Address 1940 Glenford Ct.								Outstanding Balance 2500.00	
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period				Payments This Period		
			Date	Amount		Date	Amount		
Date Loan was originally Incurred			M	D	Y	\$	M	D	Y
Registration Number, if PAC			M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y
From Whom Received Marshall A. Spalding							Prior Amount 2500.00	Amt. Incurred this Period 1300.00	
Address 1940 Glenford Ct.								Outstanding Balance 3800.00	
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period				Payments This Period		
			Date	Amount		Date	Amount		
Date Loan was originally Incurred			M	D	Y	\$	M	D	Y
Registration Number, if PAC			M	D	Y		M	D	Y
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y

* 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).

¹ Total prior amount \$ 0

² Total received this period \$ 3800.00 (To Form No. 31-A-2)

³ Total payments this period \$ 0 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 3800.00 (To Form No. 30-A)