FOR PAPER FILING ONLY

31-C R.C. 3517.10

Statement of Loans Received

Page	
1 450	

Prescribed by Secretary of State 3/05

Reset Form

Full Name of Committee The Committee To Ele	ect Aaı	ron Moore I	nto T	he Du	blin E	Board Of Educ	ation			
From Whom Received Aaron Moore						Prior Amo 660			Amt. Incurred this Period 0.00	
Address 8127 Aston Way										Outstanding Balance 260.56
City Dublin	State OH()	Zip Code 43016		Loans Date	Receive	1 This Period Amount		Date		This Period Amount
Date Loan was originally Incurred	M	D Y	M	D	У	S	1 2	0 1	0 9	400.00
Registration Number, if PAC		<i>.</i>	М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
From Whom Received							Prior Ame	ount		Amt, Incurred this Period
Address										Outstanding Balance
City	Strate OH	Zip Code	Loans Received This Period Date Amount		Payments This Period Date Amount					
Date Loan was originally Incurred	M	D Y	M	D	Y	S	M	D	Y	
Registration Number, if PAC			М	D	Υ.		М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D _i	Y	
From Whom Received				***************************************		anning and a second polytophysical second	Prior Ame	ount		Amt. Incurred this Period
Address		,								Outstanding Balance
City	St ate	Zip Code		Loan Date	s Receive	d This Period Amount		p Date	'ayments	This Period Amount
Date Loan was originally Incurred	М	D Y	М	D	Y	\$	М	D	Y	S
Registration Number, if PAC			М	D	Y	sipogramianologista	M.	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y	
* Required for contributions from in	dividuals (over \$100 to statew	ide and	general 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 \$ 660.				
² Total received this period \$	0.00	(To Form No. 31-A-2)		
³ Total payments this period \$	400.00	(To Form No. 31-B)		
⁴ Total Outstanding Balance \$	0	(To Form No. 30-A)		

Print Form

^{*} 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)]