4 Total Outstanding Balance S

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Statement of Loans Received

					Prescribe	ed by Se	creta	ry of State3/05						
Full Name of Committee														
Citizens for Beryl Pic	colar	<u>itoni</u>)											
From whom Received								_		Prior	Amount			
Address of Marilyn B	Friends of Marilyn Brown							Prior Amount				mt. Incurred this Period		
						┢		_	0	5,000.00				
550 E. Walnut St.	1 6	1=:												5,000.00
Columbus	State Zip Code Loans Received This Period OH 43215 Date							Г			L Trees	This Period		
Date Loan was originally	M	1 43.		Date Amount						I.	ſ	Date	-, 1110111	Amount
Incurred	'I 1		3 1 l	M M	D	` \ \		s —		М	D	Y	s	
Registration Number, if PAC	101	<u> </u>	3 11.	3 0 8					<u>5000</u>				ł	
<u></u>				, m	D	Y				М	D	Y	\neg	
Employer/Occupation/Labor Organization	•			M	D	Y				-		_		
						1				М	P	Y		
From Whom Received							<u>'</u>			Dian			4	
										rnor,	Amount		Ап	it. Incurred this Period
Address											_			P 70 1
City					_								JOan	tstanding Balance
city	State	Zip C	ode	Lo	ans Reco	eived T	his Pe	riod			-	D.		75.7 7
Date Loan was originally	Date Amount								D:	ra <u>:</u> ate	ушениз	This Period Amount		
Incurred .	. M	l D	Y	М	D	Y	!	\$		M	D	Y	s	- I distribution
Registration Number, if PAC	:[1			_				11	11	1	
0				M	D	Y	1			М	D	Y	\top	
Employer/Occupation/Labor Organization	-			 -	+ 🙏	+ !	4						1	ļ
				M	D	Y	-			M	D	Y		
From Whom Received														
										Prior A	mount		Amt	. incurred this Period
Address							_							
0:													Outs	standing Balance
City	State	Zip Co	de	Los	Loans Received This Period									
Date Loan was originally	<u> </u>	ļ		L	Date Amount				1	Payme Date				This Period Amount
Incurred .	M	D	Y	М	D	Y	S			M	D	Y	s	7 tabount
Registration Number, if PAC	<u> </u>	<u> </u>		1			_ _				1 1			
				M	D	Y				M	D	Y	1 -	
Employer/Occupation/Labor Organization*				Mi	D	┨╣	4							j
					ויו	Y	1		- 1	M	D	Y		
					<u> </u>									
 Required for contributions over \$100 to st if any, rather than employer should be listed 	atewide a	nd gener	al assembl	v candidat	es. If con	tributor	is sel	f-employed occurs	. د	.	6.1			<u> </u>
, , , , , , , , , , , , , , , , , , ,		I MOI É ÉT	uprovoes ac	onate via p	avroll dec	duction	and e	remployed, occupat	OOL 23c	ne nan	e of the ir	idividual'	s busine	:SS,
he employees are members, if any, must ap	pear. R.C	. 3517.1	0(B)(4)	•				me aggregate	01 \$100,	trie tat	or organiz	ation of	which	
f a loan is forgiven, write "Forgiven" in the ' ransfer total of all payments made in this p	Outstand	ling Bala	ince" space.	. Transfer	total of al	li loans :	receiv	ed this period to the	Stateme	nt of O	ther Inco-	ne (Fo	No 21	A 2)
ransfer total of all payments made in this p	eriod to t	he States	nent of Exp	enditures	(Form No	o. 31-B)	. Tran	isfer Total Outstand	ing Bala	nce to t	he cover n	av (For	110.31 m No. 2	<i>m-4).</i> ∩_a)
									-U	'	p	-6- (101)	ITU, J	v-rij.
1 Total prior amount \$			0.00											
2 Total received this period \$			E 00	00.00										
			3,00	00.00	(To Form	n No. 31	-A-2)						
3 Total Payments this Period \$				0.00										
				0.00	(also reco	ord on F	orm .	31-B)						

5,000.00 (To Form No. 30-A)