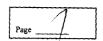
31-C R.C. 3517.10

FOR PAPER FILING ONLY



Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee											
Ethical Revenue Initiative	Politica Politica	al Action	n Comn	nittee							
From Whom Received John Stewart								Prior Am	10unt 050.00		Amt. Incurred this Period
Address								1			Outstanding Balance
855 Bryn Mawr	,	7									\$2,050.00
City Gahanna	St ate OH	Zip Code 43230		E	Loan Pate	s Receiv	ed This Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	о О О	0 0	0 0	М	D	Y	S	М	D	Y	\$
Registration Number, if PAC				М	D	Y		М	D	Y.	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y	···
From Whom Received								Prior Amount			Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments Th			This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	M	D	Y	S
Registration Number, if PAC			h	М	D	Ÿ		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Ÿ		М	D	Y	
From Whom Received								Prior An	ount		Amt. Incurred this Period
Address											Outstanding Balance
City	St ate OH	Zip Code		Losns Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Ÿ	М	D	Y	\$	М	Date	Y	\$
Registration Number, if PAC				М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
* Required for contributions from in the individual's business, if any, rat labor organization of which the em If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Trans Balance to the Cover page (Form 1 Total prior amount \$2,1	her than er ployees are iven" in t nsfer total	nployer she members he "Outstore of all pay A).	ould be list, if any, manding B	sted. If to oust also Balance	wo or mo appear.	ore emp [R.C. 3: Trans	loyees contribute via p 517.10(B)(4)] fer total of all loans i	ayroll ded	uction an	d exceed	the aggregate of \$100, the Statement of Other
Total received this period \$	Total received this period \$ \$0.00 (To Form No. 31-A-2)										
Total payments this period \$ \$0.00 (To Form No. 31-B)											

____ (To Form No. 30-A)

\$2,050.00

⁴ Total Outstanding Balance \$ _