## 31-C R.C. 3517.10

## FOR PAPER FILING ONLY

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Page	

## **Statement of Loans Received**

			Prescribed by Secretary of	State 3/05	u primario de la companio de la comp		~/// (	
Full Name of Committee The Committee To E	lect Aa	ron Moore I	nto The Dublir	Board Of Ed	ucatior	1		
From Whom Received Aaron Moore					Prior Amo			Amt. Incurred this Period 250.00
Address 8127 Aston Way								Outstanding Balance 250.00
City Dublin	St ate OH	Zip Code 43016	Loans Receiv Date		Payments This Period Date Amou			
Date Loan was originally Incurred	м 9 6	D Y 2 9 9	M D Y O 6 2 9 0 9	<sup>s</sup> 50.00	M	D	Y	\$
Registration Number, if PAC			м D Y Q 7 2 9 9 9	100.00	M	D	Y	
Employer/Occupation/Labor Organization*			M D Y 9 8 0 4 0 9	100.00	M	D	Y	
From Whom Received Aaron Moore					Prior Am 250	ount 0.00		Amt. Incurred this Period 300.00
Address 8127 Aston Way							Outstanding Balance 550.00	
<sup>City</sup> Dublin	St ate OH	Zip Code 43016	Loans Received This Period  Date Amount			Date	'ayments	This Period Amount
Date Loan was originally Incurred	м 6	D Y 9	M D Y Y S S S S S S S S S S S S S S S S S	<sup>\$</sup> 100.00	М	D	Y	\$
Registration Number, if PAC				150.00	М	D	Y	
Employer/Occupation/Labor Organization*			M B D Y	50.00	M	D	Y	
From Whom Received Aaron Moore				Prior Amount 550.00			Amt, Incurred this Period 110.56	
<sup>Address</sup> 8127 Aston Way								Outstanding Balance 660.56
<sup>City</sup> Dublin	St ate OH	Zip Code 43016	Loans Recei		Payments This Period  Date Amount			
Date Loan was originally Incurred	o 9	D Y	M D Y 0 9 1 8 9	<sup>s</sup> 110.56	M	D	Y	\$
Registration Number, if PAC			M D Y		M	D	Y	
Employer/Occupation/Labor Organization*			M D Y		М	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 "Forg	given" in	the "Outstanding !	Balance" space. Tran	sfer total of all loans	s received	this per	riod to th	ne Statement of Other

Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expe Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$0		
<sup>2</sup> Total received this period \$	660.56	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	0	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	660.56	(To Form No. 30-A)