Page	6	
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## **Statement of Loans Received**

Prescribed by Secretary of State3/05													
Full Name of Committee												***	
<b>UA CITIZENS FOR RI</b>	<u>ESPC</u>	<u>NSII</u>	<u> 3LE E</u>	CONC	<u> MIC</u>	<u>DEVI</u>	ELOF	MENT					
From Whom Received					Prior Amount				Amt. Incurred this Period				
UPPER ARLINGTON	ARE	A CI	HAME	ER O	F COI	MME	RC <u>E</u>					0.00.	25.00
Address													Outstanding Balance
2152 TREMONT CTR													25.00
City	State	Zip Co	de	Los	ıns Recei	ved This	Period	·-	Payments This				ents This Period
COLUMBUS	OlH	4322	21	Date Amount			Date				Amount		
Date Loan was originally	M	D	Y	M	D	Y	S		M		D	Y	S
Incurred F w = 1 2 2 2	0 3	114	1113	013	114	113	1	25.00					
Registration Number, if PAC	0.0	: -		Mi	D	Y	1		М		D	Y	1
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Employer/Occupation/Labor Organization	*			M	D	Y	1		M		Đ	Y	
					1 1	1 1		_		- 1		1	<b> </b>
From Whom Received			•		<u> </u>	<u> </u>	_		Prior	Am	ount		Amt, Incurred this Period
Tom Whom Received									l				
Address				_			_		-				Outstanding Balance
Address													·
Gir.	State	Tzio Co	4-	т.			Daniad		_			Pave	ents This Period
City State Zip Code				Lo	Loans Received This Period  Date Amount				Date Amount				
Date I neg sues entrine les Trêts	MI	<del> </del> D	ΤΥ	Mi	T D	ΙÝ	Ts		M		D	Y	s
Date Loan was originally.	Λ1	1 %	1 1	1	ا ًا	1 1	ľ				1	Ī	
		<u> </u>	<u> </u>	MI	D	l Y	╂──		М		D	Y	<del></del>
Registration Number, if PAC				M	"	1 '1					١	1	
		_		1 .:-	+ !	Y	-		М		D .	Y	<del></del>
Employer/Occupation/Labor Organization*				М	D	1 '1			"		ľ	1 1	l .
					ļ	<u> </u>	1		Deio	- A-m	ount	<u> </u>	Amt. Incurred this Period
From Whom Received									7110	Am	oun		The fixed the residence
					_				┺				Outstanding Balance
Address													Outstanding Databox
												_	
City	State	Zip Co	de	Lo	ans Recei	ived This	Period		ı		ъ.	•	nents This Period
		<u> </u>			Date			Amount	₩.		Date		Amount
Date Loan was originally	М	D	Y	M	D.	Y,	s		М		D	Y	s
Incurred.		<u> 1                                   </u>		1 1	1 1	<u> </u>	1		<del> </del> _			<del>                                     </del>	
Registration Number, if PAC				M	Ð	I Y			М		D	Y	
Employer/Occupation/Labor Organization	.*			M	D	Y			M		D.	Y	1
					1 1	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u></u> _	<u> </u>
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business,													
if any, rather than employer should be liste	ed. If two	ormore	employee	s donate v	ia payroll	deduction	n and ex	ceed the aggregate o	f\$100	), the	labor on	zanizatio	n of which
the employees are members, if any, must a													
The same of the sa	-												

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-
Transfer total of all psyments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A)

1	Total prior amount \$	<u> </u>	
2	Total received this period \$	25,00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	25.00	(To Form No. 30-A)