

Statement of Loans Received

Form 31-6

R.C. 3517.10

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

| Full Name of Committee | | 1 | | | | |
|---|---|--|--|---|---|---|
| Friends | of | Sharon | Whitten | <i>)</i> | | |
| From Whom Received Sharon Whitten | | | | | Prior Amount — () — | Amt. Incurred this Period $335^{\circ 2}$ |
| Street Address 5398 Solomon and Groupet A 43/25 City State Zip Code House the Period City Amount | | | | | | Outstanding Balance |
| City Tronepast | State OH | Zip Code 43125 | Loans Received This Period | | Payments Received This Period | |
| | | MM/DD/YYYY | 8/1/11/1 MM/DD/YYYY | | 8/30/17 MM/DD/YYYY | Amount 30 00 |
| Registration Number, if PAC | | , | WWIDDLAAA | Amount 255 | 3/38/11 MM/DD/YYYY | Amount 355 |
| Employer/Occupation/Labor Org | anization* | | MMIDDINYYY | Amount 50 | MM/DD/YYYY | Amount |
| From Whom Received | | J. | | | Prior Amount | Amt. Incurred this Period |
| Street Address | | | | | | Outstanding Balance |
| City | State | Zip Code | Loans Received This Period | | Payments Received This Period | |
| | | MM/DD/YYYY | MM/DD/YYYY | Amount | MM/DD/YYYY | Amount |
| Registration Number, if PAC | | | MM/DD/YYYY | Amount | MM/DD/YYYY | Amount |
| Employer/Occupation/Labor Organization* | | | Amount MM/DD/YYYY | | MM/DD/YYYY | Amount |
| * Required for contributions from name of the individual's business aggregate of \$100, the labor orga- If a loan is forgiven, write "Forgiv (Form No. 31-A-2). Transfer total Cover page (Form No. 30-A). | , if any, rat anization of en" in the " | her than employer sho f which the employees Outstanding Balance" | ould be listed. If two or s are members, if any, if space. Transfer total of | more employees contrib must also appear. [R.C. 3 of all loans received this p | ute via payroll deduction 3517.10(B)(4)] period to the Statement of | and exceed the |
| Total Prior Amount \$ | 335 | -0- | | | | |
| Total Received This Perio | d\$ | 35 | (a | (also record on Form 31-A-2) | | |
| Total Payments Received | this Peri | od \$ <u>285</u> | (al: | (also record on Form 31-B) | | |
| Total Outstanding Balance \$ 50 | | | | so record on Form 30-A) | | |