



# Statement of Loans Received

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Re-Elect Dan McCardle Fiscal Officer					
From Whom Received Dan McCardle				Prior Amount 188.10	Amt. Incurred this Period
Street Address 827 Battalion Place					Outstanding Balance 0.00
City Galloway	State OH <input type="checkbox"/>	Zip Code 43119	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 08/30/2019		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) 12/12/2019	Amount 188.10
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* N/A - Self Funded		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State <input type="checkbox"/>	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

\* 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 "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total Prior Amount \$ 188.10

Total Received This Period \$ \_\_\_\_\_ (also record on Form 31-A-2)

Total Payments Received this Period \$ 188.10 (also record on Form 31-B)

Total Outstanding Balance \$ 0.00 (also record on Form 30-A)