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| | |

Statement of Loans Received

Form 31-C

R.C. 3517.10

| Full Name of Commit | tee | | | | | | |
|---|--|--|--|---|---|-------------|---------------------|
| Robinson For Worthing | gton | | | | | | |
| From Whom Received | Prior Amount Amt. Incurred | | ncurred this Period | | | | |
| David W. Robinson | 0 | 250.0 | 00 | | | | |
| Street Address | | Outsta | inding Balance | | | | |
| 195 E. Dublin Granville Rd | | | | | | 250.0 | 00 |
| City | State | Zip Code | | | | | |
| Worthington | ОН | 43085 | Loans Received Ti | ceived This Period Payments Received This Period | | This Period | |
| Date | of Original Loa | n (MM/DD/YYYY) | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/ | DD/YYYY) | Amount |
| 06.12.17 | | | 06.12.17 | 250.000 | ļ | | ŀ |
| Registration Number, if PAC | | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| | | | | | | | |
| Employer/Occupation/Labor | Organization* | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| | | | | | <u> </u> | | |
| From Whom Received | | | | | Prior Amount | Amt. Ir | ncurred this Period |
| | | | | | j | | |
| Street Address | | | | | | Outsta | nding Balance |
| | | | | | | | |
| City | State | Zip Code | Lanca Danahari Ti | ei e Deede d | Bournante De | | This Dealed |
| 1 | ОН | | Loans Received This Period | | Payments Received This Period | | |
| Date | of Original Loar | (MM/DD/YYYY) | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/I | OD/YYYY) | Amount |
| | | | | | | | |
| Registration Number, if PAC | | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/I | OD/YYYY) | Amount |
| | | | | | | | |
| Employer/Occupation/Labor Organization* | | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/DD/YYYY) Amount | | Amount |
| | _ | | | | | | |
| name of the individual's busin aggregate of \$100, the labor If a loan is forgiven, write "Fo | ness, if any, rath organization of v rgiven" in the "O total of all payme | er than employer s which the employee utstanding Balance | ride and general assembly cand hould be listed. If two or more eas are members, if any, must als and the control of all load and the statement of Expering the control of the | employees contrib lso appear. [R.C. : ans received this | ute via payroll deducti 3517.10(B)(4)] period to the Statemer | on and ex | r Income |
| Total Prior Amount \$ 0 | | | | | | | |
| Total Received This Period \$ 250.00 | | | (also reco | (also record on Form 31-A-2) | | | |
| Total Payments Received this Period \$ 0 | | | (also reco | (also record on Form 31-B) | | | |
| Total Outstanding Balance \$ 250.00 | | | (also reco | rd on Form 30-A) | | | |