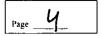
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee											
McClellan for UA Schools											
				·				10			ta e e e e e e e e e e e e e e e e e e e
From Whom Received							Prior Amount			Amt. Incurred this Period	
Matthew Q. McClellan								\$1,200.00			\$0.00
Address		· <u>-</u>						Ba .	3	le .	Outstanding Balance
1673 Essex Road								1	41.31	~	\$1,200.00
City	St ate	Zip Code									
Upper Arlington	OH	43221	Loans Received This Period Date Amount				Payments This Period Date Amount				
Duta Luna van	M,	D Y	M	D	Y,	s		M	D	Y	S
Date Loan was originally Incurred	1 0	2 2 1 3		;		I				1	
Registration Number, if PAC	11	1 1 1	M	D.	Y	1		M	D	Y _i	
,											
Employer/Occupation/Labor Organization	1*		M	D	Y	1		М	D	Y	
•											,
From Whom Received				1 :	 -	1		Prior Ain	ount	I	Amt. Incurred this Period
								1			
Address								To j			Outstanding Balance
City St ate Zip Code OH								Secretary Control of the Secretary Control			
			Ι,	Loan. Date	s Recei	ved This Po	eriod Amount	Payments This Period Date Amount			
	M	D Y _i	M	D	Y	Is	MINUM	М	Date	ΙΫ́	TS AMOUNT
Date Loan was				"		ľ					
originally Incorred			<u> </u>	<u></u>	: .	.				ļ	
Registration Number, if PAC			M	D,	Y			M	D	Y	1
				1							
Employer/Occupation/Labor Organization	n*		M	D	Y	<u> </u>		M	D	Y	
				1							•
From Whom Received			-		·	-		Prior Am	ount	•	Amt. Incurred this Period
Address										1 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Outstanding Balance
Address									10000	100	Custanding Datance
City	St ate	Zip Code								an ere indigent per	-
	ОН		Loans Received This Period Date Amount				Payments This Period Date Amount				
	M	D Y	М	D	Y.	\$		М	D	Y	\$
Date Loan was						1					
originally Incurred			M	D	 Y.	- 		M	D	Y _i	
Registration Number, if PAC					ļ .						
Employer/Occupation/Labor Organization*			M	D.	Yi	1		M	D,	Y	
											·
* Required for contributions from in	dividuals o	over \$100 to statewi	de and g	eneral as	sembly	candidat	es. If contribu	tor is self	employe	d, the oc	cupation and the name of

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).

¹ Total prior amount \$\$1,200.00	
² Total received this period \$ \$0.00	(To Form No. 31-A-2)
³ Total payments this period \$\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ \$1,20	0.00 (To Form No. 30-A)

^{*} 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)]