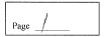
Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee			zennikustrikaninis	onto-vintello-exchoraciosche e		" Nicionalia (despisado)						
Citizens for Spalding								dollar complex continues and c				
From Whom Received Sloan T. Spalding									ount 00.00		Amt. Incurred this Period \$2,450.00	
Address 7567 King George Drive											Outstanding Balance	
City New Albany	St ate OH	1 '			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	1 0	D 1 6	0 9	м 1 0	1 6	ү 0 9	\$ \$2,450.00	м 1 2	1 1	0 9	\$ \$590.00	
Registration Number, if PAC				М	D'	Y		M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received		ografilige og Antige er kommunikaren		**************************************	es les suites persones conventions			Prior Am	ount		Amt. Incurred this Period	
Address											Outstanding Balance	
City	St ate OH	Zip Code		n	Loans Received This Period Date Amount				Date	Payments	This Period Amount	
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC				М	D	Y;		М	D	Y		
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y		
From Whom Received								Prior Am	ount		Amt. Incurred this Period	
Address											Outstanding Balance	
City	St ate OH	Zip Code		D	Loan Date	Received This Period Amount			Date	Payments	This Period Amount	
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC				М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y	A CONTRACTOR AND A CONT	М	D	Y		
* Required for contributions from inc	dividuals c	ver \$100 i	o statewic	le and ge	eneral as	sembly	candidates. If contri	outor is self-	-employe	ed, 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).

Total prior amount \$ \$2,	000.00		
² Total received this period \$	\$2,450.00		(To Form No. 31-A-2)
³ Total payments this period \$ _	\$590.00		(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$0.00	Torghen	(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)]