31-C R.C. 3517.10

FUK PAPEK FILING UNLI

Statement of Loans Received

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			Prescribed by Secretary of State 3/05		
Full Name of Committee Citizens for Sloan					· · · · · · · · · · · · · · · · · · ·
From Whom Received Sloan T. Spalding			· · · · · · · · · · · · · · · · · · ·	Prior Amount	Amt Incurred this Period
7735 Sutton Place	···-	· · · · · · · · · · · · · · · · · · ·			Outstanding Balance
^{Ci} New Ablany	St ate OH	43054	Loans Received This Period Date Amount	Payments This Period	
Date Loan was originally Incurred Registration Number, if PAC	0 ^M 6	3 0 1 5	M D Y S 2,000	Date M D Y M D Y	S O
Employer/Occupation/Labor Organization the candidate / attorr	ney		M D Y	M D Y	
From Whom Received				Prior Amount	Amt. Incurred this Period
Address		· · · · · · · · · · · · · · · · · · ·			Outstanding Balance
Dity	OH St ate	Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount	
Date Loan was originally Incurred egistration Number, if PAC	M	D Y	M D Y S	M D Y	Amount \$
Employer/Occupation/Labor Organization	1 *	<u>,</u>	M D Y	M D Y	
rom Whom Received		·		Prior Amount	Amt. Incurred this Period
Address				en.	Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount	Payments '	This Period
ate Loan was originally Incurred	М	D Y	M D Y S	M D Y	Amount \$
egistration Number, if PAC			M D Y	M D Y	
mployer/Occupation/Labor Organization*			M D Y	M D Y	
ne marvidual's business, if any, rath	er than em	iployer should be list	e and general assembly candidates. If contributed. If two or more employees contribute via pasts also appear. [R.C. 3517.10(B)(4)]	or is self-employed, the occ yroll deduction and exceed	upation and the name of the aggregate of \$100, the
a loan is forgiven, write "Forgi	ven" in th sfer total o No. 30-A	ne "Outstanding Bo	alance" space. Transfer total of all loans reduce in this period to the Statement of Expen	eceived this period to the aditures (Form No. 31-B	Statement of Other Transfer Outstanding

Total prior amount \$_ \$2,000 ² Total received this period \$_ _(To Form No. 31-A-2) \$0.00 ³ Total payments this period \$ ___ (To Form No. 31-B) \$2,000 ⁴ Total Outstanding Balance \$ _ (To Form No. 30-A)