

Page 3

Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee								
WERTHE	FRF	OR L	HHEH	a CC	,			
From Whom Received			Prior Amount Amt. Incurred this Period					
PAUL N. 4				\$100.00				
Street Address						Outstanding Balance		
4483 SAU JOSE I N.							FO	RGIVEN
City State Zip Code WHYCHALL OH V 43213			Loans Received This Period			Payments Received This Period		
Date of Original Loan (MM/DD/YYYY)			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	•	
06/14/17						11/08/1	7	\$ 32.55
Registration Number, if PAC			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/D	D/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/	DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY) Amount		Amount
From Whom Received						Prior Amount	Amt. In	curred this Period
Street Address							Outsta	nding Balance
City	State OH ▼	Zip Code	Loans Received This Period			Payments Received This Period		
Date o	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		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 \$								
Total Received This Period \$				(also record on Form 31-A-2)				
Total Payments Receive	(also reco	(also record on Form 31-B)						
Total Outstanding Balan	ce \$	OR 614	rén)	(also reco	ord on Form 30-A))		