Statement of Loans Received

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Page		

Prescribed by Secretary of State 3/0.

			Prescribe	od by Secre	tary or	State 3/05				
Full Name of Committee Committee for Crysta Per	nningtor	1				<u> </u>				
From Whom Received Carla Morrow						Prior Amount \$3,300.00			Amt. Incurred this Period \$0.00	
Address 4631 Sylvan Oak Drive										Outstanding Balance \$3,300.00
City Trotwood	St ate OH	Zip Code 45426	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loanigas).	1 0	1 5 1 6	М	D	Y	\$ \$0.00	М	D	Y	\$ \$0.00
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·		М	D	Y	\$0.00	М	D	Y	\$0.00
Employer/Occupation/Labor Organization*			М	D	Y	\$0.00	М	D	Y	\$0.00
From Whom Received Crysta Pennington							Amt. Incurred this Period \$0.00			
Address 5515 Wolf Run Drive										Outstanding Balance \$1,000.00
^{City} Gahanna	St ate OH	Zip Code 43230	Loans Received This Period Date Amount		Payments This Period Date Amount					
Die Erichen Die Erichen Diegheity Leerest	1 0	1 5 1 6	M	D	Y	\$0.00	M	D	Y	\$0.00
Registration Number, if PAC			М	D	Y	\$0.00	М	D	Y	\$0.00
Employer/Occupation/Labor Organization	n*		М	D	Y	\$0.00	М	D	Y	\$0.00
From Whom Received							Prior A	mount		Amt. Incurred this Period
Address										Outstanding Balance
City	St ate OH	Zip Code		Loan: Date	s Recei	ved This Period Amount		Date	Payments	This Period Amount
Orce Point vis.	M	D Y	М	D	Y	s	М	D	Y	s
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·	• <u>• • • • • • • • • • • • • • • • • • </u>	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	*n*		М	D	Y		М	D	Y	
* Required for contributions from in the individual's business, if any, ra labor organization of which the em	ther than e	mployer should be li	sted. If	two or mo	ore emp	ployees contribute via				

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 \$\$4,30	÷	
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 \$	\$4,300.00	(To Form No. 30-A)