## **Statement of Loans Received**

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Page		

Prescribed by Secretary of State 3/95							
Full Name of Committee  Committee  Committee  From Whom Received  From Whom Received  Bryan Stavant  Ant. Incurred this Period  Outstanding Balance  1 074.43  City  Columbia  OH 43215  Date  Loans Received This Period  Date  Amount  Date  Amount  Payments This Period  Amount  Amount							
From Whom Received Bryan Stavand			·		Prior Amount	Aint. Incurred this Period	
Address 33 North Wigh Street					Outstanding Balance		
City Columbers	St atc OH	Zip Code 43215	Loans Received This Period		Payments This Period Date Amount		
Date Loan was originally Incurred	M:	D Y	5 19 11	3	M D Y	S	
Registration Number, if PAC	<u> </u>	1 1 1	M 6 0 3 1 1	110	M D Y		
Employer/Occupation/Labor Organizatio	n.*		042111	200	M D Y		
From Whom Received			<u> </u>		Prior Amount	Amt. Incurred this Period	
Address						Outstanding Balance	
City	St ate OH	Zip Code	Loans Received This Period Date Amount		Paymo Date	Payments This Period Date Amount	
Date Loan was	M	D Y	050911	237.50	M D Y	S	
Registration Number, if PAC	I <u></u>	<u> </u>	0509111 0505111	334.13	M D Y		
Employer/Occupation/Labor Organizatio	n*		M D Y		M D Y		
From Whom Received		-		-	Prior Amount	Amt. Incurred this Period	
Address						Outstanding Balance	
City	St ate OH	Zip Code	Loans Received This Period Date Amount		Payments This Period Date Amount		
Date Loan was originally incurred.	М	D Y	M D Y	S	M D Y	S	
Registration Number, if PAC			M D Y		M D Y		
Employer:Occupation/Labor Organization*			M D Y		M D Y		
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 payroil deduction and exceed the aggregate of \$100, the							

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 \$\$0	.00		
<sup>2</sup> Total received this period S	\$0.00	(To	Form No. 31-A-2)
<sup>3</sup> Total payments this period S _	\$0.00		(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$0.00	1074.43	(To Form No. 30-A)

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]