



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

|                                                              |             |                   |                                         |                          |                                                 |
|--------------------------------------------------------------|-------------|-------------------|-----------------------------------------|--------------------------|-------------------------------------------------|
| <b>Full Name of Committee</b><br>Hoyle for UA City Council   |             |                   |                                         |                          |                                                 |
| From Whom Received<br>Michele M Hoyle                        |             |                   |                                         | Prior Amount<br>1,000.00 | Amt. Incurred this Period<br>550.00             |
| Street Address<br>4175 Nottinghill Gate Road                 |             |                   |                                         |                          | Outstanding Balance<br>\$1,550.00               |
| City<br>Upper Arlington                                      | State<br>OH | Zip Code<br>43220 | <b>Loans Received This Period</b>       |                          | <b>Payments This Period</b>                     |
| Date Loan was Originally Incurred (MM/DD/YYYY)<br>05/15/2017 |             |                   | Date of Loan (MM/DD/YYYY)<br>12/08/2017 | Amount<br>\$550.00       | Date of Payment (MM/DD/YYYY)<br>Amount<br>\$-0- |
| 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                   | Date of Payment (MM/DD/YYYY) Amount             |
| From Whom Received                                           |             |                   |                                         | Prior Amount             | Amt. Incurred this Period                       |
| Street Address                                               |             |                   |                                         |                          | Outstanding Balance                             |
| City                                                         | State       | Zip Code          | <b>Loans Received This Period</b>       |                          | <b>Payments This Period</b>                     |
| Date Loan was Originally Incurred (MM/DD/YYYY)               |             |                   | 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                   | 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 \$ 1,000.00

Total Received This Period \$ 550.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ -0- (also record on Form 31-B)

Total Outstanding Balance \$ 1,550.00 (also record on Form 30-A)