Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee													-	<u> </u>	
Thomas Hayes for Jud	doe Ci	ammi	ttee												
From Whom Received					Prior Amount				Amt. Incurred this	Amt. Incurred this Period					
Franklin County Democratic Party						31.25			31.25		0.00				
Address					3 3, 33										
929 Harrison Ave.															0.00
City	State	Zip Code	•	Loz	ns Recei	ved This	Period			Г			Pav	ments This Period	
Columbus	OIH	43213	5	i	Date			Amount				Da	-	Amo	unt
Date Loan was originally	M	D	Y	M	D	Y	S			М		D	Y	s	•
Incurred -	0 5	1 6	1 4						0.00	0	6	110	1 4	Į Į	31.25
Registration Number, if PAC				M	D	Y				М		Ð	Y		
Employer/Occupation/Labor Organization*				M	D	Ÿ				М		D	Y		
From Whom Received										Prior	Am	ount	<u>,</u>	Amt, Incurred this	Period
Mark Collins										l		4	41.76		0.00
Address										1 13	, T	وأنس	307	Outstanding Balan	
492 S. High St., 3rd Fl	oor									12				4	0.00
City		Zip Code		Loans Received This Period				Payments This Period							
Columbus	OIH	43213	5	Date Amount				Date				Amou	Amount		
Date Loan was originally	M	D	Y	M	D	Y	S			М		D	Y	s	
Incurred	05	018	1 4	<u> </u>			<u> </u>			0	6	1 0	1 4	<u> </u>	441.76
Registration Number, if PAC				M	D 	Y 		•		M		D 	Y		
Employer/Occupation/Labor Organization*				М	D	Y				М		D	Y	1	
						<u> </u>	<u>L</u>						<u> </u>	ļ	
From Whom Received	1 10		~	_						Prior	Am			Amt. Incurred this	Period
Ron Cameron: Safegu	ard B	usines	s Svs	tems_		_						3	02.87		
Address 1721 W. 3rd Ave.													5-7-34 7-8-3	Outstanding Balan	0.00
City		Zip Code		1.oa	ns Receiv	ed This	Period						Payr	nents This Period	
Columbus	+	43212			Date			Amount				Da	le	Amou	ınt
Date Loan was originally	M	Ð	Y	М	D.	Y	s			M		D.	Y	S	
Incurred	0 5	3 0	1 4				_			0	6	212			502.87
Registration Number, if PAC				М	D	Y				М		D 	Y		
Employer/Occupation/Labor Organization*				M	Đ	Y				M	_	D	Y		
			. ,.		1		.,,					 -	<u> </u>		

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).
Fransfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	975.88	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	975.88	(also record on Form 31-E
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)