31-	C	
R.C.	3517	10

P	age _	_	

Statement of Loans Received

				Pre	scribed by	y Secreta	ry of Str	ite3/05				
Full Name of Committee	*							•••			•	
Citizens for Harris												·
	om Whom Received					Prior Am			Amt, Incurred this Period			
Richard E. Harris										7	00.00	0.00
Address 1100 Bedlington Cot	urt											Outstanding Balance 700.00
City		Zip Code		Loa	ns Receiv	ed This	Period				Paym	ents This Period
Revnoldsburg		43068			Date			Amount		Date	•	Amount
Date Loan was originally	M ^c	D	Y	М	D	Y	S		M	D	Y	\$
Incurred	011	$1^{1}1$	015		ı	1					1	
Registration Number, if PAC			•	M'	D	Y			M	D	Y	
Employer/Occupation/Labor Organization	m*			М	D	Y	1		М	D	Y Y	
					1	i		<u> </u>		<u> </u>	<u> </u>	<u> </u>
From Whom Received									Prior Air	iou n t		Amt, Incurred this Period
Address											<u>:</u> %	Outstanding Balance
City	State	Zip Cod	2	Loans Received This Period Payments This I Date Amount Date		ents This Period Amount						
Date Loan was originally	М	D	Y	M.	D	Y	s		М	D	Y,	s
Incurred		ļ !	<u>'</u>	1	<u> </u>		╄		11	 	' Y	
Registration Number, if PAC				Mį	l D	Y			М	D,	l r	
Employer/Occupation/Labor Organization	on*			М	D	Y			М	D	Y	
From Whom Received	1			<u>. </u>		<u> </u>			Prior An	nount		Amt, Incurred this Period
Address	<u>.</u>					 - ··					5	Outstanding Balance
City	State	Zip Cod	e	Loz	ıns Recei	ved This	Period				Payn	ents This Period
		l			Date			Amount		Dat		Amount
Date Loan was originally	M	D	ΤΥ	M,	D	Y	S		M	D	Y	S
Incurred										└	1	
Registration Number, if PAC				М	D	Y			M	D	Y .	
Employer/Occupation/Labor Organizati	on*			M	D	Y	1		M	D	Y	
* Required for contributions over \$100	to statewide a	ind gener	al assemb	ly candida	tes. If con	tributor i	s self-en	nployed, occupation	n and the nam	e of the fi	ndividual's	business.

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-
Transfer 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 \$	700.00
2 Total received this period \$	(),()() (To Form No. 31-A-2)
3 Total Payments this Period \$	0.00 (also record on Form 31-)
4 Total Outstanding Balance \$	7()(),()() (To Form No. 30-A)

the employees are members, if any, must appear, R.C. 3517.10(B)(4)