

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Committee to Elect Brad McCloud</b>															
From Whom Received <b>Citizens for Stephanie McCloud</b>										Prior Amount <b>500.00</b>		Amt. Incurred this Period			
Address <b>14 E Gay Street, 2nd FL</b>												Outstanding Balance <b>500.00</b>			
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43215</b>		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M   D   Y		M   D   Y		M   D   Y			\$		M   D   Y			\$	
Registration Number, if PAC		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
Employer/Occupation/Labor Organization*		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		State		Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M   D   Y		M   D   Y		M   D   Y			\$		M   D   Y			\$	
Registration Number, if PAC		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
Employer/Occupation/Labor Organization*		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		State		Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M   D   Y		M   D   Y		M   D   Y			\$		M   D   Y			\$	
Registration Number, if PAC		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
Employer/Occupation/Labor Organization*		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
From Whom Received										Prior Amount		Amt. Incurred this Period			
Address												Outstanding Balance			
City		State		Zip Code		Loans Received This Period Date			Amount		Payments This Period Date			Amount	
Date Loan was originally Incurred		M   D   Y		M   D   Y		M   D   Y			\$		M   D   Y			\$	
Registration Number, if PAC		M   D   Y		M   D   Y		M   D   Y					M   D   Y				
Employer/Occupation/Labor Organization*		M   D   Y		M   D   Y		M   D   Y					M   D   Y				

\* 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 or more 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 500.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 500.00 (To Form No. 30-A)