31-C R.C. 3517,10

| Page |      |   |  |
|------|------|---|--|
| ٠.   | <br> | _ |  |
|      |      |   |  |

## Statement of Loans Received

|  |              |                 |                         | F                          | rescribed                | d by Sec                | retary of                        | State3/05  |                                |                          |                       |                            |     |
|--|--------------|-----------------|-------------------------|----------------------------|--------------------------|-------------------------|----------------------------------|--|--------------------------------|--------------------------|-----------------------|----------------------------|-----|
| Full Name of Committee   |              |                 |                         |                            |                          |                         |                                  |  |                                |                          |                       | <del></del>                |     |
| Committee to Elect I   | Brad N       | <u> AcCle</u>   | oud                     |                            |                          |                         |                                  |  |                                |                          |                       |                            |     |
| From Whom Received   |              |                 | •                       |                            | _                        |                         |                                  |  | Prior A                        | mount                    |                       | Amt. Incurred this Period  | _   |
| Citizens for Stephan   | <u>ie Mc</u> | <u>Clouc</u>    | <u>i</u>                |                            |                          |                         |                                  | _ <u>i</u>                                       | 1                              | Ę                        | 500.00                |                            |     |
|  | ET           |                 |                         |                            |                          |                         | _                                | -  |                                |                          |                       | Outstanding Balance        | _   |
| 14 E Gay Street, 2nd   | F L_State    | 7:- 0           |                         |                            |                          |                         |                                  | <u> </u>   |                                |                          |                       | 500                        | ).( |
| Columbus   |              | Zip Co<br>1 432 |                         | Lo                         | ans Rec                  |                         | is Perio                         | ;  | Payments This Period           |                          |                       |                            |     |
| Date Loan was originally   | M            | 1 432<br>D      | T Y                     | M                          | Date<br>D                | Y                       |                                  | Amount   | _                              | Da                       |                       | Amount                     |     |
| Incurred   | 0 8          |                 |                         |                            |                          | 1                       | 3                                |  | M                              | D                        | Y                     | \$                         |     |
| Registration Number, if PAC  |              |                 |                         | M                          | D                        | Y                       | _                                | :  | M                              | D                        | Y                     | <del>- </del>              |     |
| ÷  |              |                 |                         |                            |                          |                         |                                  |  |                                | 1 1                      |                       |                            |     |
| Employer/Occupation/Labor Organization   | ı*<br>       |                 |                         | М                          | D                        | Y                       |                                  |  | М                              | D                        | Y                     |                            | _   |
| From Whom Received   |              |                 |                         |                            |                          |                         |                                  |  | Prior A                        | mount                    | <del></del>           | Amt. Incurred this Period  |     |
| Address  |              |                 |                         |                            |                          |                         |                                  |  |                                |                          |                       |                            |     |
|  | T            |                 |                         |                            |                          |                         | _                                |  |                                |                          | · «                   | Outstanding Balance        |     |
| City   | State        | Zip Co          | ode                     | Lo                         | ans Rece                 |                         | is Perio                         | d :  |                                |                          | Рауп                  | nents This Period          |     |
| Date Loan was originally   | M            | D               | Ty                      |                            | Date                     |                         |                                  | Amount   |                                | Dat                      | <u>e</u>              | Amount                     |     |
| Incurred f   |              |                 | Y                       | M                          | D                        | Y                       | \$                               |  | M                              | д<br>                    | Y                     | s                          |     |
| Registration Number, if PAC  |              |                 |                         | M                          | D                        | Y                       |                                  |  | М                              | D.                       | Y                     |                            | _   |
| Employer/Occupation/Labor Organization   | *            |                 |                         | М                          | D                        | Y                       |                                  |  | М                              | D                        | Y                     | <del> </del>               | _   |
| From Whom Received   |              |                 |                         |                            | '                        |                         |                                  |  | Prior An                       | nount                    |                       | Aint. Incurred this Period | _   |
| Address  |              |                 |                         |                            |                          |                         |                                  |  |                                |                          |                       |                            |     |
| radicos  |              |                 |                         |                            |                          |                         |                                  |  |                                |                          | ,                     | Outstanding Balance        |     |
| City   | State        | Zip Co          | de                      | Loans Received This Period |                          |                         |                                  |  |                                | Ĺ <u> </u>               |                       |                            |     |
|  | 1            |                 |                         | 1.02                       | Date Amount              |                         | Payments This Period Date Amount |  |                                |                          |                       |                            |     |
| Date Loan was originally<br>Incurred   | М            | D               | Y                       | M                          | D                        | Y                       | \$                               |  | M                              | D                        | Y                     | \$ Amount                  | _   |
| Registration Number, if PAC  |              | <u>., , </u>    |                         | М                          | D                        | Y                       | $\top$                           |  | M                              | D                        | Y                     |                            |     |
| Employer/Occupation/Labor Organization   | +            | _               |                         | M                          | D                        | Y                       | ╁                                |  | M                              | D                        | Y                     |                            | _   |
|  |              |                 |                         |                            |                          |                         |                                  |  | 141                            | ľ                        | '                     |                            |     |
| * Required for contributions over \$100 to s<br>if any, rather than employer should be listed<br>the employees are members, if any, must a | u, ii iwo c  | rmore en        | ipioyees doi            | candidate<br>nate via pa   | es. If con<br>ayroll dec | tributor i<br>duction a | s self-en<br>ind exced           | nployed, occupation a<br>ed the aggregate of \$1 | and the name                   | of the inc               | lividual's t          | ousiness,<br>hich          |     |
| If a loan is forgiven, write "Forgiven" in the   | e "Outstan   | ding Rala       | ince <sup>†</sup> space | Transfe-                   | total of -               | ما ال                   |                                  | dida mania ta ana                                |                                |                          |                       |                            |     |
| If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this   | period to t  | he Staten       | nent of Expe            | enditures (                | (Form No                 | ш юапs r<br>э. 31-В).   | eceived<br>Transfei              | tms period to the State<br>Total Outstanding B   | tement of Ot<br>salance to the | ther Incom<br>e cover pa | e (Form N<br>ge (Form | √o. 31-Л-2).<br>No. 30-Л), |     |
| 1 Total prior amount \$  |              | 5               | 00.00                   |                            |                          |                         |                                  |  |                                |                          |                       |                            |     |
| 2  |              |                 |                         | _                          |                          |                         |                                  | •  |                                |                          |                       |                            |     |

| 1 | Total prior amount \$         | 500.00 |                         |
|---|-------------------------------|--------|-------------------------|
| 2 | Total received this period \$ | 0.00   | (To Form No. 31-A-2)    |
| 3 | Total Payments this Period \$ | 0.00   | (also record on Form 31 |
| 4 | Total Outstanding Balance \$  | 500.00 | (To Form No. 30-A)      |