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R	l.C.	35	17.	10

## Statement of Loans Received

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			Prescribed by Secretary of State 3/05		
Full Name of Committee Believe in UA Committee					
From Whom Received John C. Adams	Prior Amount	Amt. Incurred this Period \$5,000.00			
Address 2310 Dorset Road					Outstanding Balance \$5,000.00
City Upper Arlington	St ate OH	Zip Code 43221	Loans Received This Period Date Amount		This Period
Date Loan was originally Incurred Registration Number, if PAC	0 6	2 2 1 6	M D Y S \$3,000.00	M D Y	Amouni
Employer/Occupation/Labor Organization	n*		0 7 1 4 1 6 \$2,000.00	M D Y	
From Whom Received Deborah A. Johnson			<u></u>	Prior Amount	Amt. Incurred this Period \$4,000.00
Address 1901 Brandywine Drive					Outstanding Balance \$4,000.00
City Upper Arlington	St ate OH	Zip Code 43220	Loans Received This Period Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred	0 6	2 7 1 6	0 6 2 7 1 7 \$ \$4,000.00	M D Y	S
Registration Number, if PAC			M D Y	M D Y	
Employer/Occupation/Labor Organization*  M D Y			M D Y	M D Y	
From Whom Received		_		Prior Amount	Amt. Incurred this Period
Address					Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period  Date Amount	Payments Date	This Period Amount
Date Loan was originally Incurred Registration Number, if PAC	M	D. Y.	M D Y S	M D Y	S
Employer/Occupation/Labor Organization*			M D Y	M D Y	
the individual's business, if any, rath	er than em	ployer should be list	e and general assembly candidates. If contribute ted. If two or more employees contribute via parast also appear. [R.C. 3517.10(B)(4)]	or is self-employed, the occurrence of the occur	upation and the name of the aggregate of \$100, the
f a loan is forgiven, write "Forgiv ncome (Form No. 31-A-2). Trans Balance to the Cover page (Form	fer total o	of all payments ma	alance" space. Transfer total of all loans reade in this period to the Statement of Exper	eceived this period to the iditures (Form No. 31-B	: Statement of Other ). Transfer Outstanding

Total prior amount \$\$0.		
<sup>2</sup> Total received this period \$	\$9,000.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	\$9,000.00	(To Form No. 30-A)