

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee CITIZENS FOR STEPHANIE KUNZE													
From Whom Received Stephanie Kunze										Prior Amount \$400.00		Amt. Incurred this Period \$0.00	
Address 5994 Farmcreek Court												Outstanding Balance \$400.00	
City Hilliard		St ate OH		Zip Code 43026									
						Loans Received This Period		Payments This Period					
						Date		Date					
						Amount		Amount					
Date Loan was originally Incurred		M	D	Y		M	D	Y		M	D	Y	
0 2 0 6 0 9													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code									
						Loans Received This Period				Payments This Period			
						Date				Date			
						Amount				Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		M	D	Y	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		St ate		Zip Code									
						Loans Received This Period				Payments This Period			
						Date				Date			
						Amount				Amount			
Date Loan was originally Incurred		M	D	Y		M	D	Y		M	D	Y	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also 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 Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ \$400.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ \$400.00 (To Form No. 30-A)