## 31-C R.C. 3517.10

## FOR PAPER FILING ONLY

Page	

## Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Ethical Revenue Initiative	e Politica	ıl Actio	n Comn	nittee								
From Whom Received John Stewart							Prior Amount \$2,050.00			Amt. Incurred this Period		
Address 855 Bryn Mawr										Outstanding Balance \$2,050.00		
<sup>City</sup> Gahanna	St ate OH	Zip Code 43230		Loans Received This Period Date Amount					Payments This Period  Date Amount			
Date Loan was originally Incurred	0 46	<b>₽</b> <sup>D</sup> <b>S</b>	0 6	М	D	Y	S		М	D	Y	S
Registration Number, if PAC	. <b>l</b> . <del>!</del>	I	<del></del>	М	D	Y		<del></del>	M	D	Y	
Employer/Occupation/Labor Organizati	on*			М	D	Y			М	D.	Y	
From Whom Received				<u> </u>		J	<u> </u>		Prior An	nount	<u> </u>	Amt. Incurred this Period
Address		<del></del>										Outstanding Balance
City	St ate OH	Zip Code	;	Loans Received This Period Date Amount				Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$	7 mount	М	D	Y	S
Registration Number, if PAC		<u> </u>	<del></del> _	M	D	Y			М	D	Ÿ	
Employer/Occupation/Labor Organizati	on*			М	D	Y			М	D	Y	
From Whom Received						<u> </u>		<del>.</del>	Prior An	nount	<u>-L </u>	Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code	e	Loans Received This Period  Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		М	D	Y	S
Registration Number, if PAC		l	<del>- </del>	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
* Required for contributions from	individuals (	over \$100	to statewi	de and g	eneral a	ssembl	candida	ates. If contrib	utor is self	f-employe	ed, the o	ccupation and the name of

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).

Total prior amount \$\$2,0	050.00	
<sup>2</sup> Total received this period \$	\$0.00	(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 \$	\$2,050.00	(To Form No. 30-A)

<sup>\*</sup> 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)]