Statement of Loans Received

| Franklin County Re From Whom Received Citizens for Bill Sch | | | | CC | | | | | | | | | |
|--|------------------|---------------|----------|-----------|-------------|--|-------------------|---------------------|-----------------|--------------------|-------------|------------|----------------------|
| Address | иск | | | | | | | P | τίο ι Αι | mount | | Amt. | Incurred this Period |
| 865 Macon Alley | | | | | | | | L | | 1, | 000.00 |) | |
| City | | | | | | | | | | | | Outsta | anding Balance |
| Columbus | State Zip Co | xle | L | oans Re | ccived T | his Period | | | | | | | 1,000 |
| Date Loan was originally soons | OH 432 | 06 | L | Da | to | us t ettod | Amount | - 1 | | • | Pay | ments Th | is Period |
| irented to the second second | (229V) I | Y | M | D | Y | 15 | Autount | - | - J | D | ate . | | Amount |
| egistration Number, if PAC | 圖0 2 1 (| 000 | | 1 1 | 1 (| ľ | | _ ¹ | М | D | Y | s | |
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| mployer/Occupation/Labor Organization | * | | | 1 1 | - 1 - 1 | j | | 1 | М | D | Y | T^{-} | |
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| dress | | | | | | | | rno | or Amo | ount | | Amt. In | curred this Period |
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| у | State Zip Cod | | | | | | | | | | | Outstand | ding Balance |
| | State Zip Cod | • 1 | Loa | ns Rece | ived This | S Period | | _ | | | | | |
| te Loan was originally | MD | | | Date | | | Amount | ł | | | Paym | ents This | Period |
| urred (see 2) | MD | Y | M | D | Y | Ts - | - another | - -, , | | Date | <u> </u> | | Amount |
| istration Number, if PAC | | | | L . | | 1 | | М | | D | Y | \$ | |
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| ployer/Occupation/Labor Organization* | | | _ | _ | 1 1 | 1 | | М | - 1 | D, | Y | | |
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| Whom Received | | | | | \perp | ł | | IVI | | D | Y | | |
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| | State Zip Code | | | | | | | | | | Ş | Outstandir | ng Balance |
| | 2.p Code | į | Loans | Receiv | ed This P | eriod | | | - | | | | |
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| yer/Occupation/Labor Organization* | | | | | _/ [| | j | IVI | | | Y | | |
| | | _ M | - 1. | D. | Y_ | | | - M | + | ! - - | -! | | |
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| ired for contributions over \$100 to state ather than employer should be listed. If loyees are members, if any, must annea | wide and opposit | | _ | | | | | <u>-</u> - | | 1 | | | |
| rather than employer should be listed. If | two onnore empl- | conory candid | dates. I | f contrib | utor is sel | lf-employed | l, occupation and | the nam | الدعام ما | | | | |
| | ormore emblox | es donate vi | a navm | il deduc | tion and - | | T-mon and (| are nam | of th | ie indivi | dual's busi | ness | |

ents 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).

| 1 | | /· |
|-----------------------|-------------------------------|-----------------------------------|
| • | Total prior amount \$ | 1,000.00 |
| 2 | Total received this period \$ | 0.00 (To Form No. 31-A-2) |
| 2 | | (x 0 1 0 th 140. 31-A-2) |
| 3 | Total Payments this Period \$ | . 0.00 (also record on Form 31-B) |
| ⁴ Totai Oi | Total Outstanding Balance \$ | |
| | out outstanding Balance \$ | 1,000,00 (To Form No. 30-A) |