31-	C	
R.C.	351	7.10

Page	

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee	R K	EVNOL	ハくバノ	106	Coc	INCIC-AT-	LARG	sE	******************************		
Full Name of Committee MERADY FOR REYNOLDSBURG COUNCIL-AT-L From Whom Received CORNECIUS MEGRADY III					Prior An	nount	encutabelunikationia	Amt. Incurred this Period			
CORNELIUS MCGRADY, III						100	594584 SHEEK A	\$2364.00			
Address 8675 KINGSLEY DRIVE									Outstanding Balance FORGIVEN		
City)		Zip Code	a L	Loans Received This Period				Payments This Period			
KEYNOLDSBURG	0/1	43060	5	Date Amount				Date	· I v	Amount	
Date Loan was originally Incurred	M / O	25 0	916	25		2364.00		30	09	1424,00	
Registration Number, if PAC			М	Ď	Y		М	D	Y	and the state of t	
Employer/Occupation/Labor Organization	n*		М	D	Y		M	D	Y		
From Whom Received					Prior Ar	nount		Amt. Incurred this Period			
CORNELIUS 1	1-61	RADY	<u>///</u>	·····				NAS VIII			
Address ME KINGS FUL DRIVE									Outstanding Balance FORGIVEN		
City REYNOLDSBURG	State OH	State Zip Code Loans Received This Period Date Amount				Payments This Period Date Amount					
Date Loan was originally	M	350Y	Q^{M}	D	Y	\$	М	D	Y	\$	
Incurred Registration Number, if PAC	1/ 1/	1000	M	D	Y		М	D	Y		
Employer/Occupation/Labor Organization	n*		M	D	Y		М	D	Y		
Employer occupation Lagor organism											
From Whom Received			***************************************				Prior A	mount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	State	Zip Code	1	oans Reco	eived This	Period		100 in services	nents This Period		
	1			Date	;	Amount		Date		Amount	
Date Loan was originally Incurred	М	D Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			М	D	Y		М	D	Y		
Employer/Occupation/Labor Organizati	on*	· · · · · · · · · · · · · · · · · · ·	М	D	Y		М	D	Y		
* Required for contributions over \$100 if any, rather than employer should be l the employees are members, if any, mu	sted. If two	ormore employ	ees donate v	lidates. If c via payroll	ontributor deduction	is self-employed, occupa and exceed the aggregate	etion and the nation	ame of the	individua nization o	il's business, f which	
If a loan is forgiven, write "Forgiven" in Transfer total of all payments made in t	the "Outsta his period to	inding Balance" the Statement of	space. Trainsf Expendit	nsfer total ures (Form	of all loans No. 31-B	s received this period to t). Transfer Total Outstand	he Statement of ding Balance t	of Other In o the cove	come (Fo	rm No. 31-A-2). orm No. 30-A).	
1 Total prior amount \$		0.0	<u> </u>								
2 Total received this period \$	23	64,0	0	(To F	orm No. 3	1-A-2)					
3 Total Payments this Period \$	3 Total Payments this Period \$										
4 Total Outstanding Balance \$	FO	RGIVE	<u>M</u>	(To F	form No. 3	0-A)					