Page	2
raye	

## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee						eyen) jernen jelendênê							
Citizens for Kristi Rob	bins												
From Whom Received									Prior An			mensultainin	Amt. Incurred this Period
Advent Resource Mgr	nt; A	ttn: E	ric Ro	bbin	S					4,(	000.	00	0.00
Address									Ou Ou				Outstanding Balance
106 Bellefield Avenue													4,000.00
City Westerville	State OH	Zip Code 4308		Lo	ans Receiv Date		eriod	Amount	Payn Date				nents This Period Amount
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y		\$
Incurred	0 9	0 2	0 5										
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization×				М	D	Y			М	D	Y		
From Whom Received								Prior Amount				Amt. Incurred this Period	
Address													Outstanding Balance
City	State	Zip Code		Lo	Loans Received This Period							ments This Period	
	14	<u> </u>	1 17	17	Date		10	Amount	11		ate	- 1	Amount
Date Loan was originally Incurred	М	D	Y	М	D	A	\$		М	D	Y		7
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received									Prior Ar	nount			Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Code		Loans Received This Period Date Amount					Pay Date				ments This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$\frac{1}{2}		М	D	Y		\$
Registration Number, if PAC		<u> </u>	<u> </u>	М	D	Y			М	D	Y	·	
Employer/Occupation/Labor Organization×				М	D	Y			М	D	Y	r	***************************************

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 Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	4,000.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	4,00	00.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation and the name of the individual's busines if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R. C. 3517.10(B)(4)