



**Statement of Loans Received**

Form 31-C

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Joe Begeny					
From Whom Received Joseph Begeny				Prior Amount 7,000.00	Amt. Incurred this Period 0.0
Street Address 8840 Kingsley Drive					Outstanding Balance 7,000.00
City Reynoldsburg	State OH	Zip Code 43068	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY) 09/26/2019		Date of Loan (MM/DD/YYYY) 09/26/2019	Amount 2,000.00	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY) 09/27/2019	Amount 5,000.00	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization* Columbus City Schools/Teacher		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
From Whom Received				Prior Amount	Amt. Incurred this Period
Street Address					Outstanding Balance
City	State <input type="checkbox"/>	Zip Code	<b>Loans Received This Period</b>		<b>Payments This Period</b>
Date Loan was Originally Incurred (MM/DD/YYYY)		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Registration Number, if PAC		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*		Date of Loan (MM/DD/YYYY)	Amount	Date of Payment (MM/DD/YYYY)	Amount

\* 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).

Total Prior Amount \$ 7,000.00

Total Received This Period \$ 0.00 (also record on Form 31-A-2)

Total Payments Received this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 7,000.00 (also record on Form 30-A)