

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Brad McCloud										
From Whom Received Citizens for Stephanie McCloud										
Address 14 E Gay Street, 2nd FL							Prior Amount 500.00		Amt. Incurred this Period	
City Columbus							Outstanding Balance 500.00			
State OH		Zip Code 43215			Loans Received This Period			Payments This Period		
Date Loan was originally Incurred		Date			Date		Date		Amount	
M	D	Y	M	D	Y	M	D	Y	\$	
0	8	0	4	0	9					
Registration Number, if PAC							M	D	Y	\$
Employer/Occupation/Labor Organization*							M	D	Y	\$
From Whom Received							M	D	Y	\$
Address							Prior Amount		Amt. Incurred this Period	
City							Outstanding Balance			
State		Zip Code			Loans Received This Period			Payments This Period		
Date Loan was originally Incurred		Date			Date		Date		Amount	
M	D	Y	M	D	Y	M	D	Y	\$	
Registration Number, if PAC							M	D	Y	\$
Employer/Occupation/Labor Organization*							M	D	Y	\$
From Whom Received							M	D	Y	\$
Address							Prior Amount		Amt. Incurred this Period	
City							Outstanding Balance			
State		Zip Code			Loans Received This Period			Payments This Period		
Date Loan was originally Incurred		Date			Date		Date		Amount	
M	D	Y	M	D	Y	M	D	Y	\$	
Registration Number, if PAC							M	D	Y	\$
Employer/Occupation/Labor Organization*							M	D	Y	\$
From Whom Received							M	D	Y	\$
Address							Prior Amount		Amt. Incurred this Period	
City							Outstanding Balance			
State		Zip Code			Loans Received This Period			Payments This Period		
Date Loan was originally Incurred		Date			Date		Date		Amount	
M	D	Y	M	D	Y	M	D	Y	\$	
Registration Number, if PAC							M	D	Y	\$
Employer/Occupation/Labor Organization*							M	D	Y	\$
From Whom Received							M	D	Y	\$
Address							Prior Amount		Amt. Incurred this Period	
City							Outstanding Balance			
State		Zip Code			Loans Received This Period			Payments This Period		
Date Loan was originally Incurred		Date			Date		Date		Amount	
M	D	Y	M	D	Y	M	D	Y	\$	
Registration Number, if PAC							M	D	Y	\$
Employer/Occupation/Labor Organization*							M	D	Y	\$
From Whom Received							M	D	Y	\$
Address							Prior Amount		Amt. Incurred this Period	
City							Outstanding Balance			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more 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)

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 \$ 500.00
- 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-B)
- 4 Total Outstanding Balance \$ 500.00 (To Form No. 30-A)