



Statement of Loans Received

Form 31-C

R.C. 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC					
From Whom Received Kristin Bryant				Prior Amount 220.00	Amt. Incurred this Period 0.00
Street Address 387 Cheyenne Way					Outstanding Balance 220.00
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 08/23/2017		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
From Whom Received Friends of Kristin Bryant				Prior Amount 1,000	Amt. Incurred this Period 0.00
Street Address PO Box 1523					Outstanding Balance 1,000.00
City Reynoldsburg	State OH	Zip Code 43068	Loans Received This Period		Payments This Period
Date Loan was Originally Incurred (MM/DD/YYYY) 11/08/2017		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 \$ _____

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

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

Total Outstanding Balance \$ _____ (also record on Form 30-A)