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Statement of Loans Received

Prescribed by Secretary of State 3/05

		Trescribed by Secretary of State 5/05	
Full Name of Committee Trent Edwards for Columb	ous School Board Comm	ittee	
From Whom Received Trent Edwards			Prior Amount Amt. Incurred this Period \$625.13
Address 110 N 3rd ST; STE 605			Outstanding Balance \$0.00
City Columbus	St ate Zip Code OH 43215	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally Incurred	0 5 0 3 1 1	M D Y ₁ S	1 2 0 9 1 1 s \$625.13
Registration Number, if PAC		M D Y	M D Y
Employer/Occupation/Labor Organization*		M D Y	M D Y
From Whom Received Trent Edwards		, ,	Prior Amount Amt. Incurred this Period \$397.95 \$0.00
Address 110 N 3rd ST; STE 605			Outstanding Balance \$0.00
City Columbus	St ate Zip Code 43215	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally Incurred	$\begin{array}{ c c c c c c }\hline & M & & D & D & Y \\\hline & 0 & 9 & 2 & 2 & 1 & 1 \\\hline \end{array}$	M D Y S	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Registration Number, if PAC	-	M D Y	M D Y
Employer/Occupation/Labor Organization*		M D Y	M D Y
From Whom Received		<u> </u>	Prior Amount Amt. Incurred this Period
Address			Outstanding Balance
City	St ate Zip Code OH	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally Incurred	M D Y	M D Y S	M D Y \$
Registration Number, if PAC	1	M D Y	M D Y
Employer/Occupation/Labor Organization	on*	M D Y	M D Y
* Required for contributions from in	ndividuals over \$100 to statewic	le and general assembly candidates. If contribu	tor is self-employed, the occupation and the name of

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 \$\$1,0		
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$	\$1,023.08	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$0.00	(To Form No. 30-A)

^{*} 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)]