	2
Page	3

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee					_									
Citizens for Chris Lon	ıσ													
From Whom Received	٠,5				-					Prior An	nount		Amt. Incurred this	s Period
Chris Long												0.00		
Address												0.00	Outstanding Baltin	nce
1675 Haft Drive														Forgiven
City	State	Zip Code		Los	ıns Rece	i ed Ti	hás Per	iod				Pav	ments This Period	A
Reynoldsburg	OH	4306	8		Dat	e			Amount	Date				pount
Date Loan was originally	М	D	Y	М	D		Ϋ́	S		M	D	Y	S	
Incurred .	03	2 2	1 3	0 3	2	2 1	<u>l 3</u>		650.00					0.00
Registration Number, if PAC				М	D	- 1	Υ		•	М	D	Y		
				0 4	1	0 1	<u> </u>	<u> </u>	250.00					0.00
Employer/Occupation/Labor Organization*				М	D	Ι,	Y	I		М	D	Y		-
Candidate								<u>L</u>] [
From Whom Received										Prior An	nount		Amt. Incurred the	
Chris Long - Continue	ed											0.00		900.00
Address													Outstanding Baha	nce
2		1= = .												
Ĉity:	State	ZipCode	!	Los	urs Rece		bis Per	iod		-			nents This Period	
This are a trial and a fact of the state of	 . -	 	Lvi	1 1 1	Dat	ie		1.	Amount	141	Da		Ar	nount
Date Loan was originally Incurred	M	D	Y	M	D 2	_ _	1	ľ	500.00	М	D	Y	}	0.00
Registration Number, if PAC	<u> </u>		<u> </u>	0 4 M			<u> 3</u>	╄	500.00	1	 	 	.	0.00
Registration Number, a PAC					D		Y	1	600.00	М		Y		0.00
Employer/Occupation/Labor Organization*				0 4 MI	2 DI	_	l 3 Y I	₩	600.00	1	+ + +	1 1		0.00
Епроуелостраногласо отдания				$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$ 5	1 1	4 1	1	1	500.00	М	D.	Y		0.00
From Whom Received				013	101	4 1	113	_		Prior Ar]		Amt. Incurred the	
Trum William Concess										I I III A	I RABIL		TAILE TEATER	1,600.00
Address													Outstanding Bala	
, was 635													Ousaing Bin	Forgiven
City	State	Zip Code	<u> </u>	1	D		L'. D					D.	Ti Did	Torgiver
1 7	1			Loans Received This Period Date Amount						Da	•	nents This Period Amount		
Date Loan was originally	М	DI	Y	ΜĪ	DI		Υİ	S		мі	DI	I Y I	Ts	
Incurred 18		1						ľ			-			
Registration Number, if PAC		<u> </u>	- 1 :	М	Di	┪,	Υİ	╆		М	Di	Υİ	†	
_					1	ı	1	ı		1		1		
Employer/Occupation/Labor Organization*				Μİ	Di	┪,	Υİ	1		M I	Di	Υİ	1	
				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		•			<u> </u>	<u> </u>	<u> </u>		
* Required for contributions over \$100 to statewi	مسم احمد ماه	aral secar	11. am Eb.	ar Ifaces					ت بالاعمام والمساولة والمساولة والمساولة والمساولة	E 34	·			

If a boan is for given, write "For given" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A
Transfer total of all powments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-8)

1	Total prior amount \$	0.00	
2	Total received this period \$	2,500.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance S	0.00	(To Form No. 30-A)

^{*}Required for contributions over \$100 to statewise and general assembly carabitates. If contributor is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution is self-employed, occupation and the name of the numeral assembly carabitates. If contribution 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)