31-C
R.C. 3517.10

Statement of Loans Received

Prescribed by Secretary of State 3/05

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Full Name of Committee
Comfort for UA Schools

From Whom Received	Prior Amount	Amt. Incurred this Period
Robin H. Comfort	$1,000.00	$0.00

Address		Outstanding Balance
2275 Onandaga Drive		*forgiven*

City	State	Zip Code	Loans Received This Period		Payments This Period	
Upper Arlington	OH	43221	Date	Amount	Date	Amount

	M	D	Y	M	D	Y	$	M	D	Y	$
Date Loan was originally Incurred	0	7	0 5 1 1				$0.00				$0.00
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	

From Whom Received	Prior Amount	Amt. Incurred this Period

Address		Outstanding Balance

City	State	Zip Code	Loans Received This Period		Payments This Period	
	OH		Date	Amount	Date	Amount

	M	D	Y	M	D	Y	$	M	D	Y	$
Date Loan was originally Incurred											
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	

From Whom Received	Prior Amount	Amt. Incurred this Period

Address		Outstanding Balance

City	State	Zip Code	Loans Received This Period		Payments This Period	
	OH		Date	Amount	Date	Amount

	M	D	Y	M	D	Y	$	M	D	Y	$
Date Loan was originally Incurred											
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Y	

* 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).

[1] Total prior amount $_____$1,000.00_____

[2] Total received this period $____$0.00_____ (To Form No. 31-A-2)

[3] Total payments this period $____$0.00_____ (To Form No. 31-B)

[4] Total Outstanding Balance $____$0.00_____ (To Form No. 30-A)