Statement of Loans Received

	1	
Page		_

Prescribed by Secretary of State 3/05

Full Name of Committee								<u>.</u>	-			
Families for Campbell												
From Whom Received								Prior An	nount		Amt. Incurred this Period	
Matthew Campbell						\$0.			\$154.64			
Address											Outstanding Balance	
366 Imperial Drive											\$154.64	
	1 0						<u></u>				***************************************	
City Gahanna	St ate OH	Zip Code 43230		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was	M I	D	Y	м 0 8	о 8 0	1 3	\$ \$71.40	M	D _i	Y	S	
Registration Number, if PAC		! '		M	D	Y		M	D	Yı		
nogramon number, it is to			0 8	1,3	1 13	\$5.95		,				
Employer/Occupation/Labor Organization*				м 0 9	D. 0 1	1 3	\$77.29	M	D	Y		
From Whom Received						Prior Ar	nount		Amt, Incurred this Period			
Address										* 4	Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was	М	D	Y	M	D	Y	S	М	D	Y	S	
Registration Number, if PAC				M	D	Y		M	D _i	Y		
Employer/Occupation/Labor Organiza	tion*			M	D	Y		M	D	Y		
From Whom Received							Prior Ar	nount	- 	Amt. Incurred this Period		
Address					"						Outstanding Balance	
City	St ate Zip Code Loans Received This Period Date Amount						Payments This Period Date Amount					
Date Loan was originally Incurred	М	D	Yi	M	D _t	Yi	S	М	D	Y	S	
Registration Number, if PAC			М	D	Y		M	D	Y			
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y			
* Required for contributions from	individuals o	ver \$100 to	statewic	le and ge	eneral as	sembly	candidates. If contri	butor is self	f-employe	d, the occ	cupation 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 \$\$0.	-				
² Total received this period \$	\$154.64	(To Form No. 31-A-2)			
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)			
⁴ Total Outstanding Balance \$ _	\$154.64	(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)]