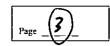
## Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee												
McClellan for UA Schools												
From Whom Received									ount		Amt. Incurred this Period	
Matthew Q. McClellan							\$1,2	\$1,200.00		\$0.00		
Address								- g ;	u. Perio	1,5%	Outstanding Balance	
1673 Essex Road								३७३ व	2.4	F 4.35	\$700.00	
City	St ate											
Upper Arlington	OH   43221			Loans Received This Period Date Amount				l	Payments This Period Date Amount			
	M	D	Y.	М	D	Y	S	М	D	Y	S	
Date Loan was	1 0	2 2	1 3	1				1   2	2 0	1 3	\$500.00	
originally Incurred Registration Number, if PAC	<u> </u>	<del></del>	<u> </u>	м	D	Y		M	D	Y		
Regisa aton Number, it FAC				1 101	"	1		l Wi	), 	'		
Employer/Occupation/Labor Organizatio	n•			м-	D	Y		i M	D	Υ.		
Employer/Occupation/Lator Organizatio	LI.			,		1		"				
From Whom Received				1	! '	<u>.</u>		Prior Am	t Ount		Amt. Incurred this Period	
Address		····							1 7 1 1	of Thee	Outstanding Balance	
								\$ 1.1 2 3 6	T #	1925 1920		
City State Zip Code			· · · · · · · · · · · · · · · · · · ·									
I OH I				,	Loans Received This Period Date Amount				Payments This Period Date Amount			
		D	Y,	M	D	Y	Amount	- М	Date	Y	S	
Date Loan was		] ~	- 1	1	-			"		•	ľ	
originally Incurred	<b>,</b>	,	:						į			
Registration Number, if PAC	•			М	D	Y		M.	D	Y		
Employer/Occupation/Labor Organizatio	n <b>"</b>			M	D	Y		M	D	Y.		
								1 1				
From Whom Received	-			•				Prior Am	ount		Amt. Incurred this Period	
								1				
Address			· · · · · · · · · · · · · · · · · · ·					120.5	A 432	4.5	Outstanding Balance	
City	St ate	Zip Code	<del> </del>									
	ОН					s Receiv	ed This Period			ayments '	l'his Period	
	М	D	Y;	M D	ate D	Y	Amount	M	Date D	Y	Amount	
Date Loan was	"	້	- "	l '''		l	ľ	";		•:		
originally Incurred	ŧ	!	i									
Registration Number, if PAC				М	D	Y.		M	D	Y,		
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y	i		
						] ,			-			
* Required for contributions from in	dividuals o	ver \$100 i	o statewic	le and ge	neral as	sembly	candidates If contrib	utor is self-	employed	the occ	rupation 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 \$ \$1,200.0	0
Total received this period \$\$0.0	(To Form No. 31-A-2)
Total payments this period SS	500.00 (To Form No. 31-B)
Total Outstanding Balance S\$	700.00 (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)]