31-C R.C.3517.10

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Page	_	-	-	-	

Statement of Loans Received

Prescribed by Secretary of State 2/01

					1.4			:	•	٠				en de la companya de	
Full Name of Committee		Service Co.								1.			1.		
Brooks for Commission	ner				÷.										
From Whom Received	1.54							Prior	Amo	runt				Amt. Incurred this Period	
N. Gregory Kontras		<u> </u>						L			50	0.00)0	0.0	<u> </u>
Address 4585 Benderton Court														Outstanding Balance 0.0	00
City	State	Zip Code	Lo	ms Receiv	ed This	Perio	d				٠.		Pavn	nents This Period	•
Columbus	OH	43220		Date	· 2.		Amount	٠.			Date			Amount	
Date Loan was originally Incurred	м 1 0	D Y 2 8 0 4	М	D	Y		\$	м 0	8	D 0	1	у О	6	\$ 500.	00
Registration Number, if PAC			М	D	Y			М	J	D	_	Ÿ			-
Employer/Occupation/Labor Organization*			М	D	Y			М		D		Ÿ			
From Whom Received	•					1.0		Prior	Amo	ount				Amt. Incurred this Period	
411					· · ·		 		• • •			•		0.1. 7. 7.1	
Address					1									Outstanding Balance	
City (City)	State	Zip Code	Lo	ans Receiv Date	ed This	Perio	d Amount				Date		Рауп	nents This Period Amount	
Date Loan was originally Incurred	М	D Y	М	D	Y		\$	М		D		Y		\$	
Registration Number, if PAC			М	D	Y			М	-	D		Y			
Employer/Occupation/Labor Organization*			М	D	Ÿ			М	├	D	-	Y			
From Whom Received			<u></u>		-			Prior	Amo	runt				Amt. Incurred this Period	
Address			· .				-							Outstanding Balance	
City	State	Zip Code	Lo	ans Receiv Date	ed This	Perio	d Amount		•		Date		Payn	nents This Period Amount	
Date Loan was originally Incurred	М	D Y	М	D	Y		\$ 1.00	М		D		Y		\$	
Registration Number, if PAC			М	D	Y			М		D		Y			
Employer/Occupation/Labor Organization×			М	D	Y			М		D		Y			-
			4		<u> </u>	لللا									

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 Total Outstanding Balance to the cover page (Form No. 30-A).

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