Statement of Loans Received

Page ____

Prescribed by Secretary of State 3/05

Full Name of Committee			÷									
run Name of Committee City	22N6	for	. [].	in I	se							
From Whom Received Laura B. Lanese								Prior Amount			Amt. Incurred this Period	
Address 4594 Goodman Street										. 10. s	Outstanding Balance	
459	4 6	ood w	1 641	str	est				5.4		1,000 =	
Grore Uty	city OH 43123			Loans Received This Period Date Amount				Payments This Period Date Amount				
;	М	D	Y	М	D	Y	S	М	D	Y	S	
Date Loan was originally Incurred	0]	23	13	<u> </u>		<u> </u>		<u> </u>				
Registration Number, if PAC				М	D	Ŷ		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Ý		
Limpoyer Cocumpation Comments												
From Whom Received				!	<u> </u>			Prior Am	ount		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	М	D	Y	M	D	Y	\$	М	D	Y	Ş	
originally Incurred Registration Number, if PAC	<u> </u>	<u>. </u>	<u> </u>	М	D	Y		М	D	Y		
						1					<u>[</u>	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received				<u> </u>		·	1.00	Prior Am	ount		Amt. Incurred this Period	
											Outstanding Balance	
Address								* Wo		, j	Outside State of the State of t	
City	St ate	ate Zip Code			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	М	a	Y	М	D	Y	\$	М	D	Y	S	
originally Incurred Registration Number, if PAC	1	1	<u> </u>	М	D	Y		М	D	Y		
inegistration various, in 1770					ĺ		Ĭ	1				
Employer/Occupation/Labor Organization®				М	D	Y		М	D	Y		
* Required for contributions from a the individual's business, if any, re- labor organization of which the er- If a loan is forgiven, write "For-	ather than e nployees as	mployer si re member the "Outs	hould be li s, if any, n standing l	isted. If t nust also Balance	wo or mappear. " space	ore emp [R.C. 3 : Trans	oloyees contribute via p 517.10(B)(4)] fer total of all loans	ayroll ded	luction as this per	nd exceed	i the aggregate of \$100, the e Statement of Other	
Income (Form No. 31-A-2). Tra Balance to the Cover page (For	m No. 30-	totallpa A).	yments n	nade in 1	inis per	iod to t	не этатетепт от Ехр	enatures	(rorm l	¥0, 31 - E	o). Transfer Outstanding	
	000		···-									
² Total received this period \$). 31-A-						
³ Total payments this period \$. ن <u>ن</u>	00	(To For	m No. 3	11-B)				•	
⁴ Total Outstanding Balance \$		<u>ced,</u>	***		(To Fo	rm No.	30-A)			7/	14/15	