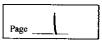
## **Statement of Loans Received**



				Prescrit	bed by s	Secretary	of State 3/05							
Full Name of Committee														
From Whom Received	, 14	How					nount	OOAB	Amt. Incurred this					
4541 Bent Creek						Place					- 1 e	Sutstanding Balan	ice oc	
City State Zip Code OH 43123					Loans Received This Period  Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	o ଜୁ	) J	1 5	M No	D 2	Z \	s 5 4, c	20 CX	M	D	Y	-0-	_ ]	
Registration Number, if PAC		<del></del>		\ <sup>M</sup> O	2 s	عر زًا•	3,0	ال الم	M	D	Y			
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y			
From Whom Received									Prior Amount Amt. Incurred this P				Period	
Address											Outstanding Ba			
City	St ate	Zip Code		Loans Received This Period Date Amount						Date	Payments	This Period Amoun	t	
Date Loan was originally Incurred	M:	D	Y	М	D	Y	s		M	D	Y	s		
Registration Number, if PAC				M	D	Y			M	D	Yı			
Employer/Occupation/Labor Organization*				М	D	Y			M	D	Y			
From Whom Received								Prior Amount Amt. Incurred this Period						
Address									Outstanding Balance					
City	St ate	Zip Code		Ţ	Loans Received This Period Date Amour			od Amount		Date	Payments	This Period Amount		
Date Loan was	M	D	Y	М	D	Y	\$		M	D	Yı	S		
Registration Number, if PAC				M	D	Y			M	D	Y			
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y			
<ul> <li>Required for contributions from indi- the individual's business, if any, rathe labor organization of which the emple</li> </ul>	r than em	iployer sho	uld be lis	ted. If tv	vo or n	nore emp	oloyees contr	ribute via pay	or is self- yroll ded	employe uction ar	ed, the occ nd exceed	cupation and the r the aggregate of	name of \$100, the	
If a loan is forgiven, write "Forgiv Income (Form No. 31-A-2). Transf Balance to the Cover page (Form 1	fer total o	of all payn	nding B nents ma	alance' ade in t	'space his pe	e. Trans riod to t	fer total of he Stateme	all loans re nt of Expen	eceived ( aditures	this peri (Form ?	iod to the No. 31-B	e Statement of ( ). Transfer Outs	Other standing	
<sup>1</sup> Total prior amount \$	00	000	-											
<sup>2</sup> Total received this period \$	0.00	<u>ා                                    </u>	<u> </u>	(To Fo	rm No	o. 31-A	-2)							
<sup>3</sup> Total payments this period \$				(1	o For	m No. 3	31-B)							
<sup>4</sup> Total Outstanding Balance \$ \(\frac{1}{2}\)	3,0	000	5°%	(	To Fo	rm No.	30-A)							