Statement of Loans Received

Prescribed by Secretary of State 2/01

Address S06 LAKE STREET City MARBLEHEAD Olit 43440 Oli																
From Whom Received Avis M. Rankin Address 806 Lake Street State Zp Code Date Date Date Date Date Date Date Amount Date					-											
Avis M. Rankin Address State Zp Code Loans Received This Period Date Amount Date Amount Amount Date Amount Amount Date Code Code																
Address SIGLAKE STREET City Marblehead	j							Prior	Amou			•				
Substitution Number, if PAC State Zip Code Loans Received This Period Date Amount Date Date Amount Date D	Avis M. Rankin							15,000.00				0	1.00			
Marblehead									···						0.00	
Marblehead	City	State	Zip Cod	e	Lo	ans Rece	ived Th	s Period	l	Payments This Period						
Incurred	Marblehead	O[H]	43440)	1	Date Amount				1						
Registration Number, if PAC M D Y M	Date Loan was originally		_	1	м	D	Y	S		м		D	Y	S		
From Whom Received AVIS M. RANKIN Address S06 LAKE STREET City State Zip Code Loans Received This Period Date Amount				<u> </u>	М	D	Ý		•	М		D	Ÿ			
AVIS M. RANKIN Address S06 LAKE STREET City MARBLEHEAD OI 43440 Date Date Date Amount Discurred From Whom Received Address City State I 29 Code OI 1 5 0 4 4 0 0 7 5 0 4 0 0 7 5 0 4 0 0 0 0 0 0 0 0	Employer/Occupation/Labor Organization	n*			M	D	Y			М		0	Ý			
Address S06 LAKE STREET City State Size Size Size Size Size Size Size Siz	From Whom Received									Prior Amount				Amt. Incurred this Period		
State Zip Code	AVIS M. RANKIN									14,290.62				0.00		
City MARBLEHEAD () 1 43440 Loans Received This Period Date Amount Amount Date Amount Amount Date Amount Amount Date Amount Date Amount Date Dat	Address															
MARBLEHEAD O 1 4340 Date	806 LAKE STREET													14,290	62	
Date Loan was originally: M	City	State	Zip Code	- -	Loa	ns Rece	ved Thi	5 Period		Payments This Period						
Registration Number, if PAC M D Y Employer/Occupation/Labor Organization* M D Y M D Y From Whom Received Address Outstanding Balance City State Zip Code Loans Received This Period Date Amount Date Loan was originally Amount Date Loan was originally Amount M D Y M D Y State Zip Code Registration Number, if PAC M D Y M		OH	43440)							Date Amount					
Registration Number, if PAC M D Y Employer/Occupation/Labor Organization* M D Y M D Y From Whom Received Address Outstanding Balance City State Zip Code Loans Received This Period Date Amount Date Loan was originally Amount Date Loan was originally Amount M D Y M D Y State Zip Code Registration Number, if PAC M D Y M	Date Loan was originally	- 1			м	D	Y	\$		М		D 	Y	S	Ţ	
From Whom Received Address City State Zip Code Loans Received This Period Date Amount Date Loan was originally M D Y M D Y S Incurred Registration Number, if PAC Prior Amount Amt. Incurred this Period Payments This Period Date Amount M D Y S Incurred M D Y S Incurred M D Y M				<u> </u>	м	D	Ÿ			М		D	Y		:	
Address City State Zip Code Loans Received This Period Payments This Period Date Amount Date Loan was originally M D Y M D Y S M D Y S Incurred S M D Y M D Y M D Y M D Y S Incurred S M D Y M	Employer/Occupation/Labor Organization	7*			×	0	Ÿ			М		i I	Ý			
City State Zip Code Loans Received This Period Date Amount Date Loan was originally M D Y M D Y S Incurred September 1 PAC M D Y M D Y M D Y M D Y M D Y S Incurred M D Y M D	From Whom Received									Prior .	Amou	nt	1 <u> </u>	Amt. Incurred this Period		
Date Loan was originally M D Y M D Y S M D Y S Incurred Amount Date Amount Date Amount Registration Number, if PAC M D Y M D Y M D Y			·											Outstanding Balance		
Registration Number, if PAC M D Y M D Y		111										1				
Registration Number, if PAC M D Y M D Y	Date Loan was originally the base of the loan was originally incurred.	М	D	Y	м	D	Ý	5		М		D 	Y	S		
Employer/Occupation/Labor Organization* M D Y M D Y					М	D	Ý			М		D	Y			
	Employer/Occupation/Labor Organization	1*			м	0	Y			М		D 	Ý			

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 \$	29,290.62	
2	Total received this period \$	0.00) (To Form No. 31-A-2)
3	Fotal Payments this Period \$	0.00	(also record on Form 31-B)
÷	Total Outstanding Balance \$	29,290.62	(To Form No. 30-A)