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## Statement of Loans Received

Prescribed by Secretary of State3/05

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Full Name of Committee		······································	MILLION DE LA CONTRACTION DE L										
Kambon.edu		TISSON TO SERVICE COMPANY ASSESSED.								Committee of the Commit			
From Whom Received									Prior Ar			Amt. Incurred this Period	
Hanifah Kambon									500.00			0.00	
Address												Outstanding Balance	0.00
63 N. Ohio Ave.													0.00
City	State	Zip Code		Loans Received This Period					Payments This Period				
Columbus	OH	H 43203		Date Amount						Dat		Amount	
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$	=00.00
Incurred	0 3	0 9	0 9						1 1	0 2	0 9		500.00
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (						nount		Amt. Incurred this Period				
Address Outstanding Balance													
City	State	Zip Code	е	Loa	Loans Received This Period					Payments This Period			
		<u> </u>			Date	<del></del>		Amount		Dat		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	Y			М	D	Y		
From Whom Received									Prior A	nount		Amt. Incurred this Pe	eriod
Address				100								Outstanding Balance	
City	State	Zip Cod	e	Los	ans Recei	ved Thi	s Period				Paym	ents This Period	of the manufactor of the section of
888					Date			Amount		Dat		Amount	
Date Loan was originally	M	D	Y	М	D	Y	\$		М	D	Y	\$	
Incurred		į		MI		1			Excellent Control				
Registration Number, if PAC	<u> </u>			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y	1		М	D	Y		
				<u> </u>	J	1				<u> </u>			n este en en estado en el en estado en estado en estado en estado en el entre en estado en estado en estado en

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 Fonn No. 31-A-2)
3	Total Payments this Period \$	500.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)