Statement of Loans Received

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Prescribed by Secretary of State 3/05

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Full Name of Committee Ct 12 e	115-4	ar	Lane	روي		·					
From Whom Received Laura B. Lanese								Prior Am	000	00	Amt. Incurred this Period
Address 4594 Goodman Street											Outstanding Balance
Grove City OH 43h3				Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally lacurred	07	23	1 3	М	D	Y	\$	М	D .	Y	s
Registration Number, if PAC	L.T ! !	· · · · · ·		М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	n*	,		М	D	Y		М	Ď	Y	
From Whom Received				<u> </u>				Prior Amount Ann. Incurred this Period			
Address								Outstanding Balance			
ity St ate Zip Code				Loans Received This Period				Payments This Period Date Amount			
Date Loan was	М	D	Y	M	D	Y	Amount \$	М	D	Y	\$
originally Incurred Registration Number, if PAC	<u> </u>		<u> </u>	М	D	Ÿ		М	D	Ÿ	
Employer/Occupation/Labor Organization	n*		· · · · ·	М	D	Ÿ		M	D	Y	
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From Whom Received	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u>L</u>	<u> </u>			Prior Am	oust	<u></u>	Amt. Incurred this Period
From Whom Received Address		· · · · ·		L	<u> </u>			Prior Am	Const	6	Amt. Incurred this Period Outstanding Balance
	St atc	Zip Code				as Receiv	ed This Period	:A, #	ē,	syments	Outstanding Balance This Period
Address	St ate	Zip Code	Y	I M	Loar Date D	s Receiv	ed This Period Amount	:A, #	ě,	ayments	Outstanding Balance
Address					Date			dt v	å, \\ å, \\ Date		Outstanding Balance This Period
Address City Date Loan was originally incurred	М			М	Date D	Y		M	Date D	Y	Outstanding Balance This Period
Address City Date Loan was originally incurred Registration Number, if PAC	M M	D D Over \$100 mployer si	to statewichould be li	M M de and g	D D D cneral a	Y Y Seembly ore emp	Amount \$ candidates. If contrib	M M M	Date D D D Comployee	Y Y	Outstanding Balance This Period Amount S coupation and the name of
Address City Date Loan was originally incurred Registration Number, if PAC Employer/Occupation/Labor Organization* * Required for contributions from in the individual's business, if any, railabor organization of which the emilf a loan is forgiven, write "Forgincome (Form No. 31-A-2). Trail	M dividuals of the than employees and given" in the state of the total	over \$100 mployer stee members the "Outstee of all par	to statewin	M M M de and g sted. If trust also	Deneral a wo'or m appear." space	Y Y ssembly ore emp {R.C. 3:	candidates. If contrib loyees contribute via 517.10(B)(4)] fer total of all loans	M M M M M M M M M M M M M M M M M M M	Date D D employe entrologe this period	y y d, the ord exceed	Outstanding Balance This Period Amount S Ecupation and the name of i the aggregate of \$100, the
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