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Statement of Loans Received

				Pı	rescribed	by Sec	retar	y of Sta	re3/05					
Full Name of Comi								eas consideration to	ika lingka kalandi kuni kuninganan na mpah kumpangan na mpah k		-			
Kambon.EDU										dystamich na bestament				
From Whom Received				-//		4				Prior A	mou			Amt. Incurred this Period
Hanifah Kambon												5(00.00	0.00
63 N. Ohio ave.														Outstanding Balance
City Columbus		Zip Code 43203		Lo	ans Rece						-	ents This Period Amount		
Date Loan was originally	M	D	Y	М	D	Y		\$	····	М	Т	D	Y	\$
Incurred	0 3	0 9	0 9						500.00	1 1		0 5	0 9	500.00
Registration Number, if PAC				М	D	Y				М		D	Y	
Employer/Occupation/Labor Organization	n*			М	D	Y	-			М	十	D	Y	
Educator]							
From Whom Received								<u> </u>		Prior A	mou	int		Amt. Incurred this Period
		MINIMATER CO.	***************************************			,.,	************				00002055			
Address														Outstanding Balance
City	State	Zip Code)	Lo	ans Rece Date	ived T	his I	Period	Amount	Payme Date				ents This Period Amount
Date Loan was originally	М	D	Y	М	D	Y	•	\$		М	Т	D	Y	\$
Incurred													***************************************	
Registration Number, if PAC				М	D	Y				М		D	Y	
Employer/Occupation/Labor Organization	n*		***************************************	М	D	Y	<u>.</u>			М	T	D	Y	
From Whom Received							NY STATE OF STATE OF			Prior A	Amou	int		Amt. Incurred this Period
Address	·····				.,	·····								Outstanding Balance
City	State	Zip Code	2	Le	oans Rece		his l	Period	Amount			Date		ents This Period Amount
Details and a signality			T 32	- N	Date D	Y	r	Is	Amount	M	_	D	Y Y	Amount
Date Loan was originally Incurred	M	D	Y	М	ו	Y	ĺ	Þ		101			1	
Registration Number, if PAC		<u> </u>	J	M	D	Y	<u> </u> 			M	T	D	Y	
Employer/Occupation/Labor Organizatio	n*			M	D	Y	<u> </u>			M	+	D	Y	
* Required for contributions over \$100 to if any, rather than employer should be lis														
the employees are members, if any, must If a loan is forgiven, write "Forgiven" in the state of	appear. R.C	. 3517.10 ding Balar	(B)(4)	e. Transfe	er total of	all loa	ns re	ceived t	his period to the State	ment of	Othe	er Incor	ne (Form	No. 31-A-2).
Transfer total of all payments made in this	is period to t	he Statem	ent of Exp	enditure	s (Form N	lo. 31-	B). I	`ransfer	Total Outstanding Ba	lance to	the c	cover p	age (Form	No. 30-A).

1	Total prior amount \$	500.00	
2	Total received this period \$	0.00	(To Form 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)