3	1	-	C				
R	0	2.	35	ı	7.	1	0

Statement of Loans Received

	1	l
Page		1

Prescribed by Secretary of State 2/01

full Name of Committee	¥ 100 0	1 4	2000	, J.	C_{Ω}	100	·	1	_		_	_		\neg
From Whom Received	UIK	<u> </u>	<u> </u>	145	<u> </u>	<u> </u>	<u>نا</u>	1	Prior	Amou	nt		Amt, Incurred this Per	riod
Tom Kneeland for City Council From Whom Received Thomas & Rebecca Kneeland Address										(<u> </u>	-	204.23	
763 OK 1111	St ate	ive						4					O-4-4 C D-1-	
Cananna OH 4330 Loans Received This Period								Payments This Period Date Amount						
Date Loan was originally incurred (10	2	203		2	2 d	3	204.22	M		D	Ý	Foraille	n
Registration Number, if PAC		_		М	D	Y		NO TORK	M	-	D	Y	1.0.1100	_
Employer/Occupation/Labor Organization	-			М	D	Y			М		D	Y		_
From Whom Received						<u> </u>			Prior .	Amoun		<u> </u>	Amt. Incurred this Peri	od
Address	_					.	· .					•	Outstanding Balance	\dashv
City	St ate	Zip Cod	le		Lo: Date	ns Rec	eived '	This Period	Payments This Period					
Date Loan was originally Incurred	М	D	Y	M	Date	Y	S	Amount	М	Dat	e D	Y	\$ Amount	-
Registration Number, if PAC		<u>l</u>	<u> </u>	. M	D	1	+		M	-	<u> </u> 	Y	 	_
Employer/Occupation/Labor Organization				M	1)	Y	╁		- M	+-	 	Y	 	_
from Whom Received									Prior A	mount			Amt. Incurred this Perio	xd
Address							-			. , .			Outstanding Balance	_
Eity .	State	Zip Code					_			٠,	· 			
	Loans Received This Period Date Amount							Payments This Period Date Amount						
ate Loan was Driginally Incurred	М	D	Y	М	D	M	S	· · · · · · · · · · · · · · · · · · ·	М	Date	, 	Y	\$	
Registration Number, if PAC				М	D	Y	\top		M	D		Y		
mployer/Occupation/Labor Organization				М	D	Y	╁╌		M	D		Y		
En loss to Control of the Control					<u> </u>				<u> </u>				<u> </u>	
a loan is forgiven, write "Forgiver Form No. 31-A-2). Transfer total of e Cover page (Form No. 30-A).	i" in the fall pay	e "Outst /ments i	anding Ba made in th	dance' is peri	space od to the	. Trans ie Stat	sfer to emer	otal of all loans re at of Expenditure	eceived s (Forn	l this p n No.	oerio 31-B	d to the 3). Trai	c Statement of Other nsfer Outstanding Ba	Incom-
Total prior amount \$			_ /											
Total received this period \$	4.2	2		(To Fo	rm No.	31-A-	-2)							
Fotal payments this period \$	}(Ford	juen	У (т	o Forn	No. 3	81-B)							
Fotal Outstanding Balance \$	_4	\bigcirc	_	/ (ïl	o Forr	n No.	30-A)						