3	1-	C	
R.	C.	3517	.10

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## **Statement of Loans Received**

									Pro	esci	ribed	bу	Secre	tary	y of Sta	te3/05												
Full Name of Committee						•				_								,			-		_					
Donahey Committee																–												
From Whom Received																		Prio	r Am					Amt. Ir	cured	this Pe	riod	
Albert N. Donahey	,																			52,	00	0.0	)()					
Address Outstanding Balance 7171 Charleton Ct. 52,000.00																												
<sup>City</sup> Canal Winchester	Sta O		Zip 43	осо 311					Los		Rece Date		ed Thi	s P	eriod	Amount	1							ments This Period Amount				
Pateshoan Wassoldinally	M		T	D	Т	Y	T	M		Π	D	T	Y		\$			M	, ,	D		Y		\$			·-·	
Incurred -	0	6	0	ı ç	<u>1</u>	0	6			L		┙						0	6	_	2	0		<u> </u>		_52	.000.	)0
Registration Number, if PAC								М			D 		Y					M		D		Y						
Employer/Occupation/Labor Organization*							1	М			D	7	Y					М		D		Y					,,	
From Whom Received			_			-,	_			ـــــ		+						Prio	Am	ount		!		Amt. Ir	curred	this Per	iod	-
Carol N. Holley																	I			49,	ດເ	0.0	0					
Address			_	_			_			_										**/		7010	Ü	Outstan	ding B	alance		_
26 Tanglewylde Ave.																								ĺ			0.000	o l
City	Sta	ate	Ziŗ	Co	de		T		Loa	ns	Rece	ive	d Thi	s P	eriod	······································		Payments This Period										
Bronxville	N	Y	110	)7(	)8		1				Date					Amount				D	ate		٠			mount		
Date Loansvas obiginally Incurred	м 0	D 6	0	D   G	,	$\frac{\mathbf{Y}}{0}$	6	M			D 	T	Y 		\$			м 0	6	D 1	2	0	6	\$		49	.000.0	)()
Registration Number, if PAC				,,-			1	M			D 	Ī	Y					M		D		Y						
Employer/Occupation/Labor Organization*								М		T	D 	†	Ÿ					М		D		Y				, ·· • • · ·	····, · · · · · · · · · · · · ·	
From Whom Received		-	سبسه				-4-		_	_		_		_				rio	Am	ount				Amt. In	curred	this Per	iod	
Address	<del>.</del>																							Outstan	ding B	alance		
City	Sta	ate	Zip	Co	de		T		Loa			ive	d Thi	s P	eriod	<del></del>		Payments This Period										
			<u>Ļ</u>		_		4				Date	_		_		Amount					ate				A	mount		_
Date Coan was originally focused	М			D 		Y 	1	М			D 		Y 		\$			M		D	Ì	Y		\$				
Registration Number, if PAC							T	М			D 	T	Y					M		D	Ì	Y	•					
Employer/Occupation/Labor Organization*				.,			T	М			D 	†	Y	1	•			M		D	1	Ý	•				<del> ·</del>	
* Required for contributions over \$100 to strif any, rather than employer should be listed the employees are members, if any, must apply the strike of the contribution of the strike of	. If tw pear.	vo oi R.C	rmor . 351	re en 17.1	nplo O(B)	yees )(4)	dona	ite v	ia p	ayr	oll de	du	ction a	and	exceed	the aggregate	of \$100,	the	labor	organ	iza	tion o	f wl	hich	2)			

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 \$	101,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	101,000.00	(also record on Form 31-B
4	Total Outstanding Balance \$	0.00	(To Form No. 30-A)