Statement of Loans Received

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| Page | , | |
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Prescribed by Secretary of State 3/05

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|---|---|--|-------------------------------------|----------------------------|---|---|----------------------|----------------------|----------------------------------|--|--|--|
| Full Name of Committee | \/ | Fon In | USTE | Ĕ | | | | | | | | |
| From Whom Received | 1 1 | FON TA | | | | | Prior Am | ount | | Amt. Incurred this Period | | |
| VICTO. | $\frac{n}{2}$ | MINI | | | | | | | | 7//06 / / Outstanding Balance | | |
| Address 7296 | Ponte | en On | | | | | | | | Odisanding Balance | | |
| City ANAI WINCHESTER | YANAT State Zip Code WINCHESTER OH 43110 | | | | Loans Received This Period Date , Amount | | | | Payments This Period Date Amount | | | |
| Date Loan was originally Incurred | $\begin{bmatrix} \mathbf{M} \\ l_{\perp} l_{\parallel} \end{bmatrix}$ | D Y 3 | M | 2 5 (| 3 4, 106 | .97 | M / 2 | · - | 1 3 | s 3,752,47 | | |
| Registration Number, if PAC | | | M | D | 1 | | M | D | Y | ! | | |
| Employer/Occupation/Labor Organizatio | n• | | M | D | Y | | М | D | Y | | | |
| From Whom Received | | | <u> </u> | ! - ! - ! | <u>' </u> | | Prior Am | ount | <u> </u> | Amt. Incurred this Period | | |
| Address | | | - | | | | | | | Outstanding Balance | | |
| City | St ate Zip Code | | | Loans Received This Period | | | | Payments This Period | | | | |
| Date Loan was | М | D Y | M | D D | Y ₁ S | Amount | M I | Date | Y | AmountS | | |
| originally Incurred | | | | 1 1 | | | 1 } | | | | | |
| Registration Number, if PAC | | <u> </u> | M | D | Y | | М | D | Y | | | |
| Employer/Occupation/Labor Organization | n* | | M | D | Ÿ | | M | D | Y | | | |
| From Whom Received | | | | !!!. | 1 1 | | Prior Am | ount | 1 1 | Amt. Incurred this Period | | |
| Address | | | | | | <u> </u> | | | | Outstanding Balance | | |
| City | St ate Zip Code | | | Loans Received This Period | | | Payments This Period | | | | | |
| | <u> </u> | D Yı | M | ate D | Yı İs | Amount | M | Date D | l v. | Amount | | |
| Date Loan was originally Incurred | | | | | | | \ | | | | | |
| Registration Number, if PAC | · - | | М | D, | Y | | M | D | Y | | | |
| Employer/Occupation/Labor Organization | on * | | M | D | Y | _ | M | D | Y | | | |
| * Required for contributions from in the individual's business, if any, rat- labor organization of which the em If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Trat- Balance to the Cover page (Form | ther than en ployees are given" in t asfer total | nployer should be li e members, if any, π he "Outstanding I of all payments π | sted. If to nust also Balance | vo or more appear. [R | employees cont .C. 3517.10(B)(- ransfer total o | tribute via pa 4)] f all loans re | yroll ded | luction ar | nd exceed | the aggregate of \$100, the Statement of Other | | |
| Total prior amount \$ | Ø | | | | | | | | | | | |
| Total received this period \$ | 4, 100 | 6.97 | _(To Fc | orm No. 3 | 1-A-2) | | | | | | | |
| ³ Total payments this period S _ | | | (| Γο Form | No. 31-B) | | | | | | | |
| Total Outstanding Palance \$ | | _ | | To Form | No. 30-A) | | | | | | | |