

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee												
Paini For Trustee									10.	_		Le contraction de la contracti
From Whom Received							Prior A		00.00	Amt. Incurred this Period		
Victor Paini							1,000.00		<u>.00.00</u>	0.00		
Address												Outstanding Balance
7296 Porter Dr.												forgiven
City Canal Winchester	anal Winchester State Zip Code O H 43110			Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally	M	D	Y	M;	D	Y	S		М	D	Y	\$
Incurred	0 8	215	0 5	\		}				<u> </u>		
Registration Number, if PAC				M _'	D 	Y 			М	D	Y	
Employer/Occupation/Labor Organization	n*			M	D	Y			М	D	Y	
From Whom Received						•	-		Prior A	mount	-	Amt, Incurred this Period
Address												Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally	M	D	Y	Mİ	D	Y	S		M	D	Y	5
Incurred		1	1				1				1	
Registration Number, if PAC	<u> </u>	<u> </u>		M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization	n*	-		M	D	Y			M	D	Y	
From Whom Received				· · · · · · · · · · · · · · · · · · ·	<u>, '</u>				Prior A	mount	•	Amt, Incurred this Period
Address												Outstanding Balance
City	State	Zip Cod	le	Loa	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D	Y	M ⁱ	D	Y	\$		М	D	Y	s
Registration Number, if PAC			<u> </u>	M	D	Y		:	М	D	Y	
Employer/Occupation/Labor Organization*			Mi	D	Y	+	:	M	D	Y		
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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 navments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form N	o. 30-A).

1	Total prior amount S	1,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-E
4	Total Outstanding Balance \$	Forgiver	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)