31-C R.C. 3517.10

Page

Statement of Loans Received

Prescribed by Secretary of State3/05

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Full Name of Committee						-						
Elect Frank Milillo			COMPANIO CONTROLEMANT			<u> Andrewski and and and and and and and and and and</u>			7		***************************************	
From Whom Received							Prior Amount			Amt. Incurred this Period		
Frank Milillo								5(00.00	0.00		
Address											Outstanding Balance	
2056 Zollinger Rd.												500.00
City		Zip Code		Loans Received This Period					Payments This Period			
Columbus	OH	43221		Date Amount			Amount	Date Amount				
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$
Incurred	0 8	1 5	0 9			17.7						
Registration Number, if PAC				M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	Ī		М	D	Y	
					4		İ					
From Whom Received Prior Amount Amt. Incurred this Period								Amt. Incurred this Period				
Address											Outstanding Balance	
City State Zip Code Loans Received This Period					Period		Payments This Period					
					Date			Amount		Date	2	Amount
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$
Incurred					ĺ							
Registration Number, if PAC			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
From Whom Received								Prior Amount Amt. Incurred this Period				
Address												Outstanding Balance
		.,							_			
City	State	Zip Code	е	Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	i		·	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			М	D	Y		
				-	- Announcement	colonium in the second	and an armine and a		April manuscript and a second		ing-discount reason to the wine-	

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 \$	500.00		
2	Total received this period \$	0	00.0	(To Form No. 31-A-2)
3	Total Payments this Period \$	0	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	500	0.00	(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)