Statement of Loans Received

Page _____3

Prescribed by Secretary of State 3/05

#Full Name of Committee													
The lovesa	Cen	miH.	er i	v El	ect	***							
Full Name of Committee An Overa Committee to Elect From Whom Received Cathy H. Gregg Address S182 Doral Ave City State Zip Code OH 43213 Date Amount M D Y M D Y S									ount 9	Andrew Street	Amt. Incurred this Period		
Address				······································				Outstanding Balance					
SISL Doral 1								GSU					
Whithall	OH 43213			Loans Received This Period Date Amount				Payments This Period Date Amount					
Date Loan was originally Incurred			M	D	Y	\$	M 2	D 7	09	\$ 650 %			
Registration Number, if PAC				М	D	Y		М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y		M	D	Y			
From Whom Received								Prior Amount Amt. Incurred this			Amt. Incurred this Period		
Address		**************************************	······································		······································	······································					Outstanding Balance		
City State Zip Code													
	OH			Losns Received This Period Date Amount				Payments Tl Date			his Period Amount		
Date Loan was originally Incurred	M	D	Y	М	D	Y	\$	М	D	Y	\$		
Registration Number, if PAC				М	D	Y		М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y			
From Whom Received									ount		Amt. Incurred this Period		
Address		***************************************							E No.	1000	Outstanding Balance		
						Loans Received This Period Date Amount				Payments This Period Date Amount			
City	St ate OH	Zip Code		I		ıs Receiv				ayments			
City Date Loan was	1	Zip Code	Y	M		s Receiv		M		'ayments Y			
City	ОН			-8	Date			M	Date				
City Date Loan was originally Incurred	OH			М	Date	Y			Date	Y			
City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organizatio	OH M dividuals cher than er	over \$100 inployer sh	Y Y to statewice ould be li	M M de and g	Date D D D D D D D D D D D D D D D D D D D	Y Y Y Ssembly	Amount \$ candidates. If contribute via proper contribute via prope	M M	Date D D D employe	Y Y Y	Amount \$ cupation and the name of		
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