	1
Page _	

Statement of Loans Received

Prescribed by Secretary of State3/05

					•		•	i						
Full Name of Committee			•					<u> </u>						
Friends of Nancy D	rees													
From Whom Received	-							<u> </u>	Ртіог .	Amo	w)(_	\neg	Amt. Incurred this Period
Nancy Drees)	1			0.0	00	2,000.0
Address						····		1						Outstanding Balance
3781 Criswell Dr.								}						Forgive
City	State Zip Code Loans Received This Period						Payments This Period							
Columbus	ЮН	43220	- 1	Date				Amount	Date					Amount
Date Loan was originally	М	DY	М	$\neg \Gamma$	D	Y	S		М		D	Y		\$
Incurred	1 0	2 4 1	1 1 1	0 2	14	111		2000.00	1	2	0 9	1	11	<u> </u>
Registration Number, if PAC			М		D	Y			М		D	Y	\neg	
					1									
Employer/Occupation/Labor Organizati	011*		М		Ð	Y	1		М	\neg	D	Y		
					1	[ļ		- {	1	ļ	(
From Whom Received					'			· -	Prior	Ame	unt			Amt. Incurred this Period
													İ	
Address	,=		**					1				_		Outstanding Balance
City	State	Zip Code	T	Loans I	Receiv	ed This	Period		Payments This Period					
\	\ \ \		1	1	Date			Amount	1_		Dat	e		Amount
Date Loan was originally	М	D Y	М		D	Y	S	!	М		D	Y		\$
Incurred					1		<u> </u>				<u> </u>		1	
Registration Number, if PAC			М		D	Y	T	1	М		D	Y	$\overline{}$	
	_			_ L	1		1	<u> </u>						
Employer/Occupation/Labor Organizati	Ott*		М		D	Y	1	· ·	M		Ð	7		
								.l				<u> </u>		
From Whom Received								1	Prior	Amç	ount			Aint. Incurred this Period
								!						
Address								i .						Outstanding Balance
								<u> </u>						
City	State	Zip Code		Loans Received This Period			į	1 7				ents This Period		
	_	<u> </u>			Date		_	j Amount	1		Dat			Amount
Date Loan was originally	M	D Y	, M		D	Y	\$		М		D	۱ ۱	/ !	S
Incurred				_			↓	<u> </u>	 		!	igspace	<u> </u>	
Registration Number, if PAC			М		D	Y		į	М	l	D,	۱	(
					Ì		1_		4			<u> </u>	<u> </u>	
Employer/Occupation/Labor Organizat	ion*		М		D	Y		į	М		D	١ ١	′.	
					_i			<u>; </u>				Щ,	<u> </u>	<u> </u>
* Required for contributions over \$100 if any, rather than employer should be I the employees are members, if any, mu If a loan is forgiven, write "Forgiven" is	isted. If two ost appear, R.C	ormore employe 2. 3517.10(B)(4 oding Balance" s	es donate	via payr 1sfer tot	oll den	duction a	nd excee	d the aggregate of \$10 this period to the State	00, the	labor	r organiz her Incor	ation me (F	of w	hich No. 31-A-2).
Transfer total of all payments made in t	his period to	the Statement o	f Expendit	ures (Fo	orm No	o. 31-B).	Transfer	Total Outstanding Ba	alance t	to the	cover p	age (rom	No. 30-A).
1 Total prior amount \$		0.0	00_					:						
2 Total received this period \$	2,000.00 (To Fonii No. 31-A-2)													
3 Total Payments this Period \$	115.73 (also record on Form 31-B)													
4 Total Outstanding Balance \$	Forgiven (To Form No. 30-A)													