Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee	Dor.	Al Line	17								
Full Name of Committee Unite for Albright From Whom Received Melissa Albright Address 4388 Muraing Light C. City Grove City OH Date M D Y M D Y S							Prior Amount			Amt. Incurred this Period	
Address 4888 Morning Light C.										Outstanding Balance	
Grove Caty OH State Zip Code				Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	0.5	18 10		D	Y	S C	М	D	Y	s _ o _	
originally Incurred Registration Number, if PAC	· "-		М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization	1 *		М	D	Ÿ		M	Ď	Y		
From Whom Received		 			1		Prior An	nount		Amt. Incurred this Period	
Address								Outstanding Balance			
City	St ate Zip Code			Louns Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally incurred	M	D Y	М	D	Y	s	M	D	Y ,	S	
Registration Number, if PAC		• . . !	M	D	Y		M	D	Ý		
Employer/Occupation/Labor Organization	1*		М	D	Y		М	D	Y		
From Whom Received		*			<u> </u>		Prior An	nount		Amt. Incurred this Period	
Address				•						Outstanding Balance	
City	St ate Zip Code OH			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D Y	М	D	Y	s	M	D	Year	\$	
Registration Number, if PAC			М	Ď	Y.		М	D	Y		
Employer/Occupation/Labor Organization	3*		М	D	Y		М	D	Y		
Required for contributions from inc the individual's business, if any, rath labor organization of which the emp	ner than em	ployer should be	listed. If t	wo or m	ore emp	loyees contribute via	utor is self payroll ded	-employe luction ar	d, the oce d exceed	cupation and the name of the aggregate of \$100, th	
f a loan is forgiven, write "Forgi ncome (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total o	of all payments	g Balance made in	" space this per	. Transt iod to th	fer total of all loans ne Statement of Exp	received enditures	this peri (Form l	iod to the	e Statement of Other s). Transfer Outstanding	
Total prior amount \$											
Total received this period \$			(To Fe	orm No	. 31-A-	2)					
Total payments this period \$	\$0.0			To Forr	n No. 3	1-B)					
Total Outstanding Balance \$		1,300) 💯 ,	(To For	m No. 3	(0-A)					