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	31	-C
	R.	C. 3517.10

## **Statement of Loans Received**

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			Prescrib	ed by Secr	etary of	State 3/05						
Full Name of Committee COMMITTEE TO ELECT	ALBERT	IOSUE								-		
From Whom Received ALBERT IOSUE							Prior Amount \$400.00			Amt, Incurred this Period \$0.00		
Address 5793 WALTERWAY DRIVE										Outstanding Balance \$400.00		
City HILLIARD	St ate OH	Zip Code 43026	Loans Received This Period  Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	0 4	1 3 1 2	M	D	Y	\$ \$0.00	M	D	Y	\$0.00		
Registration Number, if PAC  Employer/Occupation/Labor Organization*				D	Y		M	D	Y			
From Whom Received					Palestidenni		Prior Ar	тошт		Amt. Incurred this Period		
Address			<u>-</u>							Outstanding Balance		
City	St ate Zip Code OH				Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred Registration Number, if PAC	М	D Y	M M	D	Y	S	M	D	Y			
Employer/Occupation/Labor Organization*				D	Y		М	D	Y			
From Whom Received				1 .		<del>!</del>	Prior A	nount		Amt. Incurred this Period		
Address	<del></del>				_					Outstanding Balance		
City	St ate OH	Zip Code	Loans Received This Period Date Amount				Payments This Period  Date Amount					
Date Loan was originally Incurred Registration Number, if PAC	M	D Y	M	D	Y	S	M	D	Y	S		
Employer/Occupation/Labor Organization*				D	Y		M	D	Y			
* Required for contributions from it the individual's business, if any, ra labor organization of which the em	ther than er	nployer should be li	sted. If t	wo or mo	ore emp	oloyees contribute via	outor is sel payroll de	f-employe duction an	d, the oc	cupation and the name of d the aggregate of \$100, the		
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tra Balance to the Cover page (For	nsfer total	of all payments n	Balance nade in	e" space. this peri	Trans	ifer total of all loans he Statement of Ex	s received penditure	I this peri s (Form I	iod to th No. 31-I	ne Statement of Other B). Transfer Outstanding		
Total prior amount \$\$40	00.00											
<sup>2</sup> Total received this period \$\$0.00				orm No.	. 31-A	-2)						
<sup>3</sup> Total payments this period \$ \$0.00				(To Form No. 31-B)								
<sup>4</sup> Total Outstanding Balance \$\$400.00				(To For	m No.	30-A)	e					