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Statement of Loans Received

Prescribed by Secretary of State3/05

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Full Name of Committee Committee to keep Ju	dan C	anina										
From Whom Received	uge 3	quire	a particular de la proposició de la prop	ing a province of the second and a second	in and the second	mineral management in cold			Prior An	nount	Salatina acceptable	Amt. Incurred this Period
Percy Squire						Prior Amount 47,572.24			0.00			
Address							47,0	/ home.hom T	Outstanding Balance			
547 Mohawk St.												47,572.24
^{City} Columbus	State	Zip Code 43206		Loans Received This Period Date Amount			Amount	Payments This Period Date Amount				
Date Loan was originally	M	D	Y	М	D	Y	S		М	D	Y	\$
Incurred	1 0	2 2	0 0				and the second					
Registration Number, if PAC				M	D	Y		3 33 300 0	М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received									Prior An			Amt. Incurred this Period
Carol Squire										54,0	00.00	0.00
^{Address} 574 Mohawk St.												Outstanding Balance 54,000.00
^{City} Columbus	State O H	Zip Code 43206		Loa	Loans Received This Period Date Amount			Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	м 1 0	D 2 5	Y 0 6	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	1:0	12:0	0 0	M	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			М	D	Y	
From Whom Received						Prior Amount Amt. Incurred this Period			Amt. Incurred this Period			
Address												Outstanding Balance
City	State	Zip Code	2	Loans Received This Period Date Amount			Amount	Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	М	D	Y	S		M	D	Y	\$
Registration Number, if PAC		•		М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
* Required for contributions over \$100 to s	tatewide	and genera	al assembl	y candida	ites. If cor	ntributor	is self-empl	oyed, occupation	and the na	me of the	individual	l's business,

If a loan is forgiven, write "Forgiven" in the	"Outstanding Balance" space.	Transfer total of all loan	ns received this perio	d to the Statement of Otl	ner Income (Form No). 31-A-2)
Transfer total of all payments made in this	period to the Statement of Expe	nditures (Form No. 31-I	B). Transfer Total Ou	tstanding Balance to the	cover page (Form N	o. 30-A).

1	Total prior amount \$	101,572.24		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	101,57	2.24	(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)