31-C R.C. 3517.10

Page	

## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee	u.		4. 61.	. 4 /	/		2							
From Whom Received Harris Dayser							Prior Amount			nininina ny kaominina ny vondrona ny v	Amt. Incurred this Period			
Address 3937 Boodway									Outstanding Balance					
City /1	State	Zip	Code	<del></del>	ans Reco	eived Thi	s Pe	riod	Payments This Period					
brove City	0//		13125	Date Amount				***************************************	Ļ.,	Amount				
Date Loan was originally Incurred	М	D	Y	MO	D 20	Y 0 19	<b>)</b>	•	М		D 	Y	3	
Registration Number, if PAC			<u> </u>	M	D	Y	7		М		D	Y		
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Employer/Occupation/Labor Organization*	The average of the	AMEDITORY"		М	D	Y		% sourcemental plantining.	M		D	Y	Autoriani iliki karang	
From Whom Received							L		Prio	r Am	ount		Amt. Incurred this Period	
	***************************************	04020000000000000				vec-connective central		are accessived in a productive described and control of the contro					Outstan Jina Balanca	
Address													Outstanding Balance	
City	State	Zip	Code	Lo	ans Reco	eived Thi	s Pe	riod Amount	Payn Date				ments This Period Amount	
Date Loan was originally	М	D	) Y	М	D	Y	3	nemico e construir de la const	М		D	Y	\$	
Incurred					<u> </u>	<u> </u>	_		1			<u> </u>		
Registration Number, if PAC				М	D	Y	natementing		М		D	Y		
Employer/Occupation/Labor Organization*	;		en e	М	D	Y			М		D	Y		
From Whom Received							anna Ba		Prio	r Am	ount		Amt. Incurred this Period	
Address	parasistancias rocus	umdanist ministrations	3000-0	erithian and the constitution		nonsamment med enterent entere	***************************************						Outstanding Balance	
City	State	State Zip Code Loans Received This Period						**************************************						
Chy	State	Lap	Code	Lo	ans Reco Date		ed This Period Amount			Date			ments This Period Amount	
Date Loan was originally Incurred	М	E	Y	М	D	Y	(	y sagan, fa pennaga mangan agan gang pagang baran pagang pada sa da sa da	M	[	D	Y	\$	
Registration Number, if PAC				М	D	Y	7		M		D	Y		
Employer/Occupation/Labor Organization*	;	************		M	D	Y	-		M		D	Y		
Employer occupation Europe or games														
* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a	d. If two ppear. R	ormor .C. 351	e employees ( 17.10(B)(4)	donate via	payroll d	leduction	and	exceed the aggregate of \$1	00, the	e labo	or organiz	ation of	which	
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this														
1 Total prior amount \$	and a forest construction of the second	www.comercholow	0.00	electrical and a second										
2 Total received this period \$	ook Seeloockoom journa sansa	innistranii ee in ee	288	<b>. </b>	(To F	orm No. 3	31-A	-2)						
3 Total Payments this Period \$	(also record on Form 31-B)													
4 Total Outstanding Balance \$	rischele betrebblische besteht	***************************************	288	<u> 50.00</u>	(To F	orm No. 3	30-A	)						