31-C
R.C. 3517.10

## Statement of Loans Received

Prescribed by Secretary of State 3/05

7 H. CO		_											
Full Name of Committee	ite	5	5%	BI	P,	<b>(</b> < ()	W	4					
From Whom Received  Wellsson Albright									Prior An	оши 300	12.	Amt. Incurred this Period	
Address	Ma		4 4 C	اسا	W.	la mor	C	K				Outstanding Balance	
City State Zip Code					Loans Received This Period					Payments This Period Date Amount			
Date Loan was	M	0	Y	M	Date	Y	S	Amount	М	D	Y	S	
originally Incurred Registration Number, if PAC	05	18	10	М	D	Y	ages 1		М	D	Y		
Employer/Occupation/Labor Organization	on*			M	D	Y	H		М	D	Y		
From Whom Received				<u> </u>					Prior Au	nount		Amt. Incurred this Period	
And the second second							-				-	Outstanding Balance	
Address													
City	St ate Zip Code				Loans Received This Period  Date Amount					Date	This Period Amount		
Date Loan was	М	D'********	A.	М	D	Y	S		М	D	Y	\$	
Registration Number, if PAC	<u> </u>	<u>i</u>	<u> </u>	M	D	Y	Ti		М	D	Y		
Employer/Occupation/Labor Organization	on*	<del></del>		М	D 18.	· Y,	<del>                                     </del>		М	D	Y		
						· · · ·			1	i			
From Whom Received				<u>L</u>		***.		The state of the s	Prior A	nount	<u> </u>	Amt. Incurred this Period	
From Whom Received Address				<u> </u>		-			Prior Ar	nount		Amt. Incurred this Period Outstanding Balance	
	St ate	Zip Code			Loa		ived TI	his Period	Prior A	No. of Marie	Payment	Outstanding Balance	
Address	St ate	Zip Code	Y	М			ved Ti	his Period Amount	Prior An		Payment	Outstanding Balance	
Address					Loa Date	ns Recei	ived Ti			Date They		Outstanding Balance	
Address  City  Date Loan was  originally Incurred  Registration Number, if PAC	M			М	Loa Date D	ns Recei	ived T1		M	Date D	Y	Outstanding Balance	
Address  City  Date Loan was originally Incurred Registration Number, if PAC  Employer/Occupation/Labor Organization	M ion*	D	Y	M M	Loa Date D	ns Recei	\$	Amount	M M M	Date D D D D D D D	Y Y	Outstanding Balance  This Period Amount  S  Coupation and the name of	
Address  City  Date Loan was originally Incurred Registration Number, if PAC	M  ion*  ndividuals ather than e	D over \$100 mployer sl	to statewi	M M de and g	Loa Date D D D D D D D D D D D D D D D D D D D	Y Y Y assemble ore em	y cano	Amount  didates. If contribute scontribute via p	M M M	Date D D D D D D D	Y Y	Outstanding Balance  This Period Amount  S  Amount	
Address  City  Date Loan was originally Incurred  Registration Number, if PAC  Employer/Occupation/Labor Organization  * Required for contributions from individual's husiness, if any, or the individual's husiness.	ndividuals of ather than employees are given" in ansfer total	over \$100 mployer stre member the "Outst of all pa	to statewinould be liss, if any, retending	M  M  de and gisted. If	Date D D D D D D D D D D D D D D D D D D D	Y Y Y SSSEMBL	y canon ployer 3517.	Amount  didates. If contribute sontribute via p 10(B)(4)]	M  M  M  Autor is selectory of the control of the c	Date D D D D D D D D D D D D D D D D D D D	Y Y Y ed, the o	Outstanding Balance  This Period Amount  S  Excupation and the name of ed the aggregate of \$100, the other Statement of Other	
Address  City  Date Loan was originally Incurred Registration Number, if PAC  Employer/Occupation/Labor Organization the individual's business, if any, relabor organization of which the entity of the individual	mdividuals ather than employees argiven" in ansfer total m No. 30-	over \$100 mployer stre member the "Outst of all pa	to statewinould be liss, if any, retending	M  M  de and gisted. If	Date D D D D D D D D D D D D D D D D D D D	Y Y Y SSSEMBL	y canon ployer 3517.	Amount  didates. If contribute sontribute via p 10(B)(4)]	M  M  M  Autor is selectory of the control of the c	Date D D D D D D D D D D D D D D D D D D D	Y Y Y ed, the o	Outstanding Balance  s This Period Amount  S  Excupation and the name of ed the aggregate of \$100, the	
Address  City  Date Loan was originally Incurred Registration Number, if PAC  Employer/Occupation/Labor Organization the individual's business, if any, relabor organization of which the endividual of the individual of the endividual of the endivi	ndividuals ather than employees are given" in ansfer total m No. 30-	over \$100 mployer stre member the "Outst of all pa	to statewinould be liss, if any, retending	M  M  de and gisted. If nust also hade in	Date D D D D D D D D D D D D D D D D D D D	Y Y Y SSSEMBLE AND THE STREET	y candoyee	Amount  didates. If contribute sontribute via p 10(B)(4)]	M  M  M  Autor is selectory of the control of the c	Date D D D D D D D D D D D D D D D D D D D	Y Y Y ed, the o	Outstanding Balance  This Period Amount  S  Excupation and the name of ed the aggregate of \$100, the other Statement of Other	
Address  City  Date Loan was originally Incurred Registration Number, if PAC  Employer/Occupation/Labor Organization the individual's business, if any, relabor organization of which the et. If a loan is forgiven, write "For Income (Form No. 31-A-2). Tra Balance to the Cover page (Form 1 Total prior amount \$	ndividuals ather than employees ar given" in ansfer total m No. 30-	over \$100 mployer stree member the "Outst of all pa	to statewinould be liss, if any, restanding lyments in	M  M  de and gested. If nust also hade in	Date D D D D D D D D D D D D D D D D D D D	Y Y Y Y Y Y Y Y O. 31-4	y cannot you can be seen to see the see the see the seen to see the se	Amount  didates. If contribute se contribute via p 10(B)(4)] total of all loans tatement of Exp	M  M  M  Autor is selectory of the control of the c	Date D D D D D D D D D D D D D D D D D D D	Y Y Y ed, the o	Outstanding Balance  s This Period Amount  S  Excupation and the name of ed the aggregate of \$100, the	