31-C R.C. 3517.10

## Statement of Loans Received

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Page		

Prescribed by Secretary of State 3/05

Full Name of Committee	N	n: No	e In	FL	orf						
Full Name of Committee  VAN Gregg Committee to Elect  From Whom Received  CATAY H. Gregg  Address  5182 Doral Ave  City (2) State Zip Code								Prior Am	ount		Amt. Incurred this Period
CATTY H. Oreg ?											Outstanding Balance
Address 5182 Dora	l Av	e									650
City Whitehall	Mitchell OH 43213			I	Loan:	s Receive	d This Period Amount	Payments This Period  Date Amount			
Date Loan was	M 0 1	0 1	09	M 0 7	D 0 (	9 0 T	\$ 650.00	M	D	Y,	\$
originally Incurred Registration Number, if PAC				М	D	Y		M	D	Y	
			M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			102								
From Whom Received					i de la constantina			Prior Amount			Amt. Incurred this Period
Address				4. 							Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was	М	D	Y,	M	D	Y	\$	М	D	Y	\$
originally Incurred Registration Number, if PAC		<u> </u>	<u> </u>	M	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
From Whom Received								Prior At	nount		Amt. Incurred this Period
Address											Outstanding Balance
City St ate Zip Code OH			3	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	М	D	Y	M	D	Y	S	М	D	Y	\$
originally Incurred Registration Number, if PAC			<u> </u>	M	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	on*			М	D	Y		M	D	Y	
* Required for contributions from ir the individual's business, if any, ra labor organization of which the en	ther than e iployees ar	mployer s e member	hould be I	nsted. 11 t must also	wo or n appear.	iore emp . [R.C. 3	517.10(B)(4)]	payron de	account w		
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tra Balance to the Cover page (For	nsfer tota	l of all pa	standing syments	Balance made in	" space this per	e. Trans riod to t	fer total of all loan he Statement of Ex	s received penditure	d this per es (Form)	riod to t No. 31-	he Statement of Other B). Transfer Outstand
<sup>1</sup> Total prior amount \$	0	A	<u>a</u>	The second secon							
<sup>2</sup> Total received this period \$	-62	50, a		(To F	orm No	o. 31-A	-2)				
<sup>3</sup> Total payments this period \$_	\$ 6	(To Form No. 31-B)									
<sup>4</sup> Total Outstanding Balance \$	65	0 -		1.	(To Fo	rm No.	30-A)				