Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee	h ^		
From Whom Received		Prior Amount	Amt. Incurred this Period
Charles Pangn			5,000,00
Full Name of Committee Pagh for Code From Whom Received Address Z 5 5 Collo Rod City State Zip Code Ou			Outstanding Balance
City St ate Zip Code		_	
Columbs OH 43214	Loans Received This Period Date Amount	Payments This Period Date Amount	
Illate Loan was	M D Y S	M D Y	S
originally Incurred			
Registration Number, if PAC	M. D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
From Whom Received		Prior Amount	Amt, Incurred this Period
Address			Outstanding Balance
City St ate Zip Code	Loans Received This Period Date Amount	Payments Date	s This Period Amount
M D Y	M D Y S	M D Y	S
Date Loan was originally Incurred			•
Registration Number, if PAC	M D Yi	M D Y	
Ü			
Employer/Occupation/Labor Organization*	M D Y	M D Y	
			1
From Whom Received		Prior Amount	Amt. Incurred this Period
Address			Outstanding Balance
City St ate Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount	
M; D Y	M D Y S	M D Y	\$
Date Loan was			
originally Incurred Registration Number, if PAC	M D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
			<u> </u>
* Required for contributions from individuals over \$100 to stated the individual's business, if any, rather than employer should be	wide and general assembly candidates. If contribu	itor is self-employed, the or	ccupation and the name of
labor organization of which the employees are members, if any,		ayron deduction and excee	a the aggregate of 5100, the
If a loan is forgiven, write "Forgiven" in the "Outstanding	Balance" space. Transfer total of all loans	received this period to t	he Statement of Other
Income (Form No. 31-A-2). Transfer total of all payments	made in this period to the Statement of Exp	enditures (Form No. 31-	B). Transfer Outstanding
Balance to the Cover page (Form No. 30-A).	•	•	·
¹ Total prior amount \$			
² Total received this period \$	(To Form No. 31-A-2)		
³ Total payments this period S	(To Form No. 31-B)		
⁴ Total Outstanding Balance \$	(To Form No. 30-A)		ě