3	1-	C		
R.	C.	351	7.	10

3 Total Payments this Period \$

4 Total Outstanding Balance \$

Page	1
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 $\mathcal{S}_{i}^{(j)}$

Statement of Loans Received

Prescribed by Secretary of State3/05											
Full Name of Committee					· · · · · · · · · · · · · · · · · · ·				2		
Donahey Committee											
From Whom Received						Prior Amount 0.00			Amt. Incurred this Period 52,000.00		
Albert N. Donahey								0.00	Outstanding Balance		
Address 7171 Charleton Ct.									52,000.00		
City State Zip Code				. D	_3			Davis	ents This Period		
Canal Winchester OH 43110	Loans Received This Period Date Amount				Date Paym			Amount			
DATE DO TO A TO THE TEST OF THE TOTAL OF THE	M	D	Y	\$		М	D	Y	\$		
Inaured 0 6 0 9 0 6	0 6	0 9	010	6	52,000.00						
Registration Number, if PAC	M	D	Y	*		M	D	Ý			
ľ		l -		ı							
Employer/Occupation/Labor Organization*	M	D	Y	┪		M	D	Y			
From Whom Received						Prior A	mount		Amt. Incurred this Period		
Carol N. Holley								0.00	49,000.00		
Address									Outstanding Balance		
26 Tanglewylde Ave.									49,000.00		
City State Zip Code	Loa	ans Recei	ved This	s Peri	od	Payments This Period					
	Bronxville N Y 10708 Date Amoun						Date Amount				
Date Loan was originally as M D D Y	M	D	Y	_ \$	40,000,00	M	D	Y	\$		
Incurred 0 6 0 9 0 6			0 (6	49,000.00		+				
Registration Number, if PAC	М	D	Y	ł		М	D	Y			
	1		1	+		3.4	1	- V			
Employer/Occupation/Labor Organization*	М	D	Y	1		M	D	Y			
From Whom Received						Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance		
Į.											
City State Zip Code	Los	ans Receiv	ved Thi	s Peri	od	Payments This Period					
Date					Amount		Dat		Amount		
Date hoan-was-originally M D Y	М	D	Y	\$		M	D	Y	\$		
la Carreta				┸			\bot	ļ			
Registration Number, if PAC	М	D	Y	ı		M	D	Y			
				_			\bot				
Employer/Occupation/Labor Organization*	М	D	Y			М	D	Y			
			<u> </u>	┸							
*** ' 17		TC		10		l 4h.a. mom	aa addha in	dividualla l	airaan		
* Required for contributions over \$100 to statewide and general assembly											
if any, rather than employer should be listed. If two omnore 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)											
TO 1 to be discussed by the control of the control	. т с		11 1		ad Alda a and a discretion floor		Othor To -	na (17 *	Jo. 21 A 2)		
If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2).											
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).											
1 Total prior amount \$ 0.00											
- 10th but minomit a											
2 m . 1 . 1 . 1 . 1 . 2 . 1 . 2 . 1 . 2 . 2											

0.00 (also record on Form 31-B)

101,000.00 (To Form No. 30-A)