Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee										
Sheets for Trustee										
From Whom Received						Prior Am			Amt. Incurred this Period	
Edward Sheets						\$0.0	JU		\$300.00	
Address 6101 Lambort Boad									Outstanding Balance \$300.00	
6101 Lambert Road	1 6	7: 01						·	4 000.00	
City Strate OH Zip Code 43146 M D Y;			Loans Received This Period Date Amount M D Y ₁ \$			Payments This Period Date Amount M D Y. S				
										Date Loan was
originally Incurred	10:3		M	D Y		l M	D	Y		
Registration Number, if PAC			,					,		
Employer/Occupation/Labor Organization*			M	D Y		M	D	Y		
			1				! ,	1		
From Whom Received						Prior Am	ount		Amt. Incurred this Period	
Address			# + * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·					Outstanding Balance	
						*		l.		
City	State Zip Code			Loans Received This Period			Payments This Period			
	OH			Date	Amount		Date	<u>-</u>	Amount	
Date Loan was	M !	D Y	M	D Y	S	M	D _.	Y_{i}	3	
originally Incurred		<u> </u>	i				,	,		
Registration Number, if PAC			М			М	D	Y		
			1			t M	D			
Employer/Occupation/Labor Organization*			М,	D Y		l M	1	'. 		
From Whom Received		· · ·	1		1	Prior Am	ount	<u> </u>	Amt, Incurred this Period	
Trong whom received										
Address	-					72.		₹*	Outstanding Balance	
						7		Cali.		
City	St ate Zip Code			Loans Received This Period			Payments This Period			
	OH			Date	Amount		Date		Amount	
Date Loan was	M,	D Y	М	D Y	S	M	D,	Y _i	\$	
originally Incurred		<u> </u>	;		<u> </u>					
Registration Number, if PAC			М	D Y		М,	D,	Y		
<u> </u>			1	1		1	100	<u> </u>		
Employer/Occupation/Labor Organization*			M ;	D Y		M	D	'		
* Required for contributions from ir		0 100			andidates (Cooptr	butor is calf	amploye	d the oc	cupation and the name of	
* Required for contributions from in the individual's business, if any, ra	naiviauais ther than e	over \$100 to states mplover should be	wide and g : listed. If i	general assembl two or more em	ployees contribute vi	a payroll ded	luction an	d exceed	the aggregate of \$100, th	
labor organization of which the em	ployces ar	re members, if any,	, must also	appear. [R.C.]	3517.10(B)(4)]					
If a loan is forgiven, write "Forg	oiven" in	the "Outstanding	- Balance	e" space. Tran	sfer total of all loa	ns received	this peri	iod to th	e Statement of Other	
Income (Form No. 31-A-2). Tra	nsfer tota	l of all payments	made in	this period to	the Statement of E	spenditures	(Form l	No. 31-1	3). Transfer Outstandin	
Balance to the Cover page (For				•						
LTotal major amount © \$0.	00									
Total prior amount \$.00									
2 mant mantage data and take	\$300.	00	/°Γ _α E	orm No. 31-A	-2)					
² Total received this period \$	Ψ500.		(101	OTHE INO. 3 1-P	1-21					
Total payments this period \$ \$0.00										
· · ·	Ψ0.0		•	(To Form No.	31-B)					