31-C R.C. 3517.10

FOR PAPER FILING ONLY

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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Paini for Trustee												
From Whom Received Victor Paini								Prior Amount			Amt. Incurred this Period 1649.00	
Address 7521 Burgstresser Ct												Outstanding Balance 1649.00
Canal Winchester	St ate	Zip Code 4311()	Loans Received This Period Date Amount						F Date	ayments	This Period Amount
Date Loan was originally Incurred	0 ^M 8	2 B	0 ^Y 9	M	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received Victor Paini									Prior An	ount		Amt. Incurred this Period 7240.00
Address 7521 Burgstresser Ct											Outstanding Balance 7240.00	
Canal Winchester	OH ate	Zip Code 4311()	Loans Received This Period Date Amount					Payments Thi			This Period Amount
Date Loan was originally Incurred	1 O	1 6	0 ^Y 9	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y	10000000000000000000000000000000000000		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	THE COLUMN TO TH
From Whom Received									Prior An	nount		Amt. Incurred this Period
Address										207		Outstanding Balance
City	St ate OH	Zip Code			Loans Received This Period Date Amount					I Date	Payments	This Period Amount
Date Loan was originally Incurred	M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC						7						
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
* Required for contributions from inc the individual's business, if any, ratl labor organization of which the emp	ner than er	nployer sh	ould be li	isted. If	two or n	ore em	ployees c	ontribute via pa	tor is self ayroll dec	f-employeduction ar	ed, the oc nd exceed	ecupation and the name of the aggregate of \$100, the
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all pay	tanding l ments n	Balanco nade in	e" space this per	e. Tran riod to	sfer total the State	of all loans i ment of Expe	received Inditures	this per (Form l	iod to th No. 31-I	ne Statement of Other 3). Transfer Outstanding
¹ Total prior amount \$0												
² Total received this period \$	8889.	00		_(To F	orm No	. 31-A	2)					
³ Total payments this period \$	0 (To Form No. 31-B)											
⁴ Total Outstanding Balance \$	0 (To Form No. 30-A)											