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Statement of Loans Received

				M	escribed b	y Secret	ary of St	ate3/05					
Full Name of Committee				X (2) X I	400	~ Y Y X X							
Franklin County Dem	ocrat	ic - C/	AMPA	uGN	ACC	JUN	1		- Service - Serv				
From Whom Received Sean Mentel									Prior An		00.00	Amt. Incurred this Period	
Address	KIRDHIN OMBANDA COMBANDI	TICONO CONTROL MANY	***************************************		ONCERNIQUOS SERVICIONIS SERVICIONI SERVIC	MANAGEM CONTRACTOR CONTRACTOR	***************************************			T, U	30.00	Outstanding Balance	
8538 Preston Mill Ct.												4,000.00	
City Dublin, Ohio		Zip Cod 4321		Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally	M	D	Ϋ́	М	D	Y	E\$		М	D	Y		
Incurred	0 1	3 0	0 9										
Registration Number, if PAC				M	D	Y			M	D	Y		
Employer/Occupation/Labor Organization*	m+o1	······································		М	D	Y		reproprieta y secretar de la pelatron mánicima de como de la pelatro de númica planeira, el como que la como q	М	D	Y		
Law Offices of Sean Mentel From Whom Received					4				Prior An	nount	<u> </u>	Amt. Incurred this Period	
	**************************************	DUNCHUM BEZULUGONEA-WERKIN	NEITA-OUTA-OCESONOEVA-A0000MEN	MANON NEW PROPERTY OF THE PARTY		enemonia enemonia portenti	HILLS OF THE TOTAL PRINCIPLES	ali konnecelussomen sovielukusuu kaesakse aan kirkeun aan uu suurusussa aa				On the commission of the commi	
Address							Outstanding Balance						
City	State	Zip Cod	3	Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	C STITY CARE	М	D	Y	\$	
Registration Number, if PAC	<u></u>		L	М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
From Whom Received								Prior An	nount		Amt. Incurred this Period		
Address	000020013338000 04 7010400	***************************************	OVINCE ELECTRONIS ELECTRONIS AND CONTROL	***************************************	AND REPUBLISHED RE		MINISTER PROGRAMMENTO POR BERNA					Outstanding Balance	
City	State	Zip Cod	monomento managemento de Securito de la compansión de la	Loans Received This Period				erseere-seeresssoonsiere-enseereereerekeelssischelessessoons	Payments This Period				
T	N. 6	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	T v		Date	NO N. T.		Amount		Date	ngarawawawawawawa	Amount	
Date Loan was originally Incurred	M	D	Y	М	D	Y	35		M	D	Y	Þ	
Registration Number, if PAC			emilionini con Adolesce Accesso con concerno	М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*			-			ļ				<u> </u>	ļ		
Employer/Occupation/Dator Organization				М	D	Y	35500		M	D	Y		
Employer/Occupation/Lation Organization				М	D	Y			М	D	Y		
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap	. If two o	ormore emp	ployees do	/ caudida	tes. If compayroll dec	tributor i	and excee	ed the aggregate of \$1	nd the nam	e of the inc	dividual's	vhich	
* Required for contributions over \$100 to st if any, rather than employer should be listed	. If two opear. R.C	ormore emp C. 3517.10 ading Balar	ployees do (B)(4) nce" space	/ caudida mate vîa p	tes. If compayroll dec	tributor i	and excee	this period to the Stat	nd the nam 00, the lab	e of the incorrection or organization	dividual's ation of v	No. 31-A-2).	
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