Statement of Loans Received

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Prescribed by Secretary of State 3/05

			riescitoed by Secretary of					
Full Name of Committee TW	n Re	zuck s	for Trust	20				
From Whom Received JAMR30, Rayck						ount O	-	Amt. Incurred this Period
Address London-Grave Port Road City State Zip Code Loans Received This Period								Outstanding Balance
Grove CHY	OH	43123	Loans Receiv	Payments This Period Date Amount				
Date Loan was originally facurred	OMA	07 17	090717	5,000 %	М	D	Y	S
Registration Number, if PAC	M D Y		М	D	Y			
Employer/Occupation/Labor Organization	M D Y	· · · · · · · · · · · · · · · · · · ·	М	D	Y			
From Whom Received						ount		Amt. Incurred this Period
Address								Outstanding Balance
City	St ate OH	Zip Code	Loans Receive	ed This Period Amount		P: Date	nyments	This Period Amount
Date Loan was originally Incurred	М	D Y	M D Y	\$	М	D	Y	\$
Registration Number, if PAC		:	M D Y		М	D	Y	
Employer/Occupation/Labor Organization	M D Y		М	D	Y			
From Whom Received					Prior Amo	ount		Amt. Incurred this Period
Address		,						Outstanding Balance
City	SI atto	Zip Code	Loans Receive	Payments This Period Date Amount				
Date Loan was originally lacurred	М	D Y	M D Y	Amount \$	М	D	Y	S
Registration Number, if PAC	M D Y		М	D	Y			
Employer/Occupation/Labor Organization*			M D Y		М	D	Y	
Required for contributions from inc the individual's business, if any, rath labor organization of which the emp of a loan is forgiven, write "Forgi income (Form No. 31-A-2). Trans	ner than en ployees are ven" in the sfer total	nployer should be list members, if any, m are "Outstanding B of all payments m	ted. If two or more emplust also appear. [R.C. 35 salance" space. Transf	oyees contribute via pa 17.10(B)(4)] er total of all loans re	yroll dedu	ction and	exceed od to the	the aggregate of \$100, the e Statement of Other
Balance to the Cover page (Form Total prior amount \$	3) -	s).						
Total received this period \$	· · · ·	5,0000	(To Form No. 31-A-2	()				
Total payments this period \$			(To Form No. 3)	•				
Total Outstanding Releace C	₹	5000	(To Form No. 3	Λ.Α.				