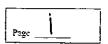
Statement of Loans Received



Prescribed by Secretary of State 3/0.

E 112					1 3tate 3/03				
Full Name of Committee Kambon, Edy		_							
From Whon Received	n				Prior A	mount		Amt. Incurred this Period	
Address (03 N: Ohio F					- <u>A</u>		. E	Outstanding Balance	
Columbus Oh	Loans Received This Period Dete Amount				Payments This Period				
Date Loan was Originally Incurred	30 13	Ğ	2/	1.3	300-	1	Date D D D	13	S 300 —
Registration Number, if PAC	<u> </u>	M	D	Y	300	M	D,	Y	
Employer Occupation Labor Organization*	· · · · · · · · · · · · · · · · · · ·	М	D	Y,		M ₁	D	Y	
From Whom Received					<u> </u>	Prior An	nount		Amt. Incurred this Period
Address									
City State Zip Code						Outstanding Balance			
	- 		Loan Date	s Receiv	ed This Period Amount		Date 1	Payments	This Period Amount
Date Loan was originally Incurred	D Y,	М	D	Y	S	М	D	Y	S
Registration Number, if PAC	• •	M	D	Y.		М	D	Y	
Employer Occupation Labor Organization*		M	D	Y		M	D	Y	<u></u>
From Whom Received			<u>1 : </u>	<u> </u>		Prior Am	nount	-	Amt. Incurred this Period
Address Outstanding Balance									Outstanding Balance
City St ate Zij	Code	Loans Received This Period			Payments This Period				
_ General to Low to # . M	D Y	M	Date D	Y	Amount S	M	Date D	Y	Amount
Date Loan was originally Incurred Registration Number, if PAC		M	D	; ; Y					
Employer Occupation/Labor Organization*				: :		М	D	Y	
		M	Ð	Y		M	D	Y,	
* Required for contributions from individuals over the individual's business, if any, rather than emplo labor organization of which the employees are me	yer should be list	ed. If it	vo or mo	re emple	ovees contribute via m	tor is self- ayroll dedi	employed uction and	d, the occi	upation and the name of the aggregate of \$100, the
If a loan is forgiven, write "Forgiven" in the " Income (Form No. 31-A-2). Transfer total of a Balance to the Cover page (Form No. 30-A).	Outstanding Ba	lance	space.	Transfe	er total of all loans	received (enditures	this perio (Form N	od to the io. 31-B)	Statement of Other Transfer Outstanding
Total prior amount S300 -									
² Total received this period 5 (To Form No. 31-A-2)									
Total payments this period S 300 — (To Form No. 31-B)									
⁴ Total Outstanding Balance S		(-	To Fo rm	No 30	J- 4 1				