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Statement of Loans Received

									Pro	escri	ibed	by :	Secre	etary	of :	State3/05							
Full Name of Committee																· · · · · · · · · · · · · · · · · · ·							
Wilms for Westerville Se	cnool	<u>s</u>														····	In.:.	r Amo					Arnt, Incurred this Period
Peter Wilms																	l''K	r Attic	unt				Arms. Incurred this Period
Address											-				-	· · · · · · · · · · · · · · · · · · ·					-		Outstanding Balance
184 Baranof East																							Outstanding balance
City Westerville	State Zip Code OH 43081					Loa		l ecsi Date		Thi	s Pe	rlod	Amount				Date		Рауп	nents This Period Amount			
Date Loan was originally	М	0	П)	Т	1 ^Y	\mathbf{J}	М			D	_	1	1	\$	3000.00	M		D		Y		S
Incurred		8	<u> </u>	4	+	<u>L į</u>	1	м	8	١.	Di 4	4			├	3000.	! ~		D	1	Y	<u> </u>	
Registration Number, if PAC							1	м		'	4	-	Y				"		ן י		'		
Employer/Occupation/Labor Organization*								М			D	7	Y				_		D		Y		
From Whom Received					-				!	1			•				Pric	r Amo	xunt		٠	`	Amt, Incurred this Period
Address	····											-											Outstanding Balance
City	Sta	State Zip Code Loans Received This Period							Payments This Period														
			<u> </u>								Date	:				Amount	Date						Amount
Date Loan was originally Incurred	М		1	2	T	Y		М		T '	D		Υ		\$		"		D		۲		s
Registration Number, if PAC						·		М			D		Y					1	D		7		
Employer/Occupation/Labor Organization*							1	М			D	1	Y		┢		۱,	 -	D	 	۲	1	
From Whom Received													Prior Amount						Amt. Incurred this Period				
Address																							Outstanding Balance
City	Sta	ate	Zip	Cod	e		Т	Loans Received This Period Date Amount					Payments This Period Date Amount										
Date Loan was originally	M		┢	D	Т	Y		м	Ī	-	D	<u>,</u> T	Y		\$	Amount	₩		D		Y	1	\$
Incurred		<u> </u>	_				1		<u>L</u>	_	1	_			_		┖		┺	<u> </u>	L		
Registration Number, if PAC								М			D	١	Y				^	t	D		۱		
Employer/Occupation/Labor Organization*								М	İ		D	7	Ŷ		Γ		۲	1	D		7		
* Required for contributions over \$100 to s if any, rather than employer should be listed the employees are members, if any, must apply the employees are members, if any employees are empl	d, If two opear, R, "Outstar	orm C. 3	ore o 517. Bak	empl 10(E ance	oyee 3)(4) *spa ento	s do ce. f Ex	onate Trans pendit	via (payro total	of a	ediuci	tion	and	exce	edit his (the aggregate of \$100, the	Othe	er Inco	mizat me (l	ion o	f whi No. 3	ch 11-A-	2).
1 Total prior amount \$					(0.0	0																

1	Total prior amount \$	0.00
2	Total received this period \$	3,000.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31
4	Total Outstanding Balance \$	3,000.00 (To Form No. 30-A)