31-C R.C. 3517.10

FOR PAPER FILING ONLY

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to	Kaan	Ludae	Sani	re						
	меер	Judge	• 4 a .				Prior Am	aunt.		Amt, Incurred this Period
From Whom Received Percy and Carole Squire								01,5	72.	\$0.00
Address 547 Mohawk S	treet						24		٠,	Outstanding Balance \$101,57之.
City St ate Zip Code				Loans Received This Period				Payments This Period		
Columbus	ОН	43206		Date		Amount		Date	<u> </u>	Amount
Date Loan was originally Incurred Registration Number, if PAC	M	0 6	5 M	D,	Y.	\$0.00	M	D	Y ₁	\$0.00
Registration Number, it TAC					``				,	1
Employer/Occupation/Labor Organization*			М	D	Ÿ.		М	D	Y.	
From Whom Received				1	!		Prior Am	ount	į	Amt. Incurred this Period
Address							1			Outstanding Balance
	_									
City	St ate Zip Code O H			Loans Received This Period Date Amount				Payments This Period Date Am		
Date Loan was	M	D ₁ Y ₁	М	D	Yı	S	M	D,	Y	S
originally Incurred Registration Number, if PAC		<u> </u>	М	D	Y		M	D	Y.	
Employer/Occupation/Labor Organizat	tion*		М	D 1	Y		- t	D	Y,	
Employer/Occupation/Labor Organizati			"	;			ì	1,	1	
							Prior An	nount		Amt. Incurred this Period
From Whom Received										
From Whom Received Address									*/	Outstanding Balance
	St atc	Zip Code			ns Receiv	ed This Period		F	ayments	Outstanding Balance This Period Amount
Address	St ate O H	Zip Code	M	Lou Date	ns Receiv	ed This Period Amount	M		Payments	This Period
Address	ОН		M _i	Date D		1		F Date		This Period
Address City Date Loan was originally Incurred	М		; ;	Date D,	Y,	1	M	Date D	Y	This Period
Address City Date Loan was originally Incurred Registration Number, if PAC	o H M individuals of rather than exemployees are orgiven" in transfer total	over \$100 to state mployer should be members, if an the "Outstandir of all payment	M M wide and be listed. If y, must also generated the second of the se	Date D D D Construction appears	Y Y Y Sssembly	candidates. If cont loyees contribute v 517.10(B)(4)] fer total of all loz	M M M M M M M M M M M M M M M M M M M	Date D D Femploye duction ar	Y Y Y State of the order of the true of true of true of the true of tr	This Period Amount S ccupation and the name of d the aggregate of \$100, the statement of Other
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organiza * Required for contributions from the individual's business, if any, labor organization of which the elif a loan is forgiven, write "Fo Income (Form No. 31-A-2). Tr	o H M individuals of rather than exemployees ar orgiven" in transfer total orm No. 30-	over \$100 to state imployer should be re members, if and the "Outstandir of all payment". A).	M M wide and be listed. If y, must als ng Balance is made in	Date D D D Construction appears	Y Y Y Sssembly	candidates. If cont loyees contribute v 517.10(B)(4)] fer total of all loz	M M M M M M M M M M M M M M M M M M M	Date D D Femploye duction ar	Y Y Y State of the order of the true of true of true of the true of tr	This Period Amount S ccupation and the name of d the aggregate of \$100, the statement of Other
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organiza * Required for contributions from the individual's business, if any, labor organization of which the element of the contribution of	o H M individuals or rather than exemployees ar or given" in transfer total or n No. 30-101, \$\frac{1}{2}\$	over \$100 to state imployer should be members, if and the "Outstandir of all payment A).	M M wwide and be listed. If y, must als ng Balance is made in	Date D D D general two or r to appear	Y Y Y Sssembly	candidates. If cont loyees contribute v 517.10(B)(4)] fer total of all loane Statement of E	M M M M M M M M M M M M M M M M M M M	Date D D Femploye duction ar	Y Y Y State of the order of the true of true of true of the true of tr	This Period Amount S ccupation and the name of d the aggregate of \$100, the statement of Other
Address City Date Loan was originalty Incurred Registration Number, if PAC Employer/Occupation/Labor Organiza * Required for contributions from the individual's business, if any, labor organization of which the element of the contribution of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contributions from the individual's business, if any, labor organization of which the element of the contribution of the contri	individuals or rather than enemployees ar or given" in transfer total or no. 30-101, \$0.	over \$100 to state mployer should be members, if an the "Outstandir of all payment A). 5 7 2 . 24 0 0	M M wide and be listed. If y, must als ng Balance is made in	Date D D D general two or r to appear te' space this pe	Y. Y. Ssembly more emp.; [R.C. 3]	candidates. If cont loyees contribute v 517.10(B)(4)] fer total of all loane Statement of E	M M M M M M M M M M M M M M M M M M M	Date D D Femploye duction ar	Y Y Y State of the order of the true of true of true of the true of tr	This Period Amount S ccupation and the name of d the aggregate of \$100, the statement of Other