Page _	1

Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee																		
Harvey for Bexley A	udito	r																
rom Whom Received												Prior	Αn	nount		Amt. Incurred this Period		
William Harvey													0.00		.00			
Address														Outstanding Balance				
417 Westland Ave			1			.											390	.00
City		State Zip Code Loans Received This Period									l		_	•	ments This Period			
Bexley			I 43:	_		Date Amount						Amount	Date Amount					
Date Loan was originally] [Y	M	1	D	١_١		l ^s	200.00	М		ם ו	Y	s	
Incurred Registration Number, if PAC	1	0	1 2	2	1 3			2	•	3	ļ	390.00	•					
Registration Number, if PAC						М] '	D :	۱ ۱	ì			M		P	Y		
Employer/Occupation/Labor Organiz	ation!					М	+	<u>.</u>	╀╮	! —			М		D	Y		
employer/Occupations/Labor Organiz	acion.					М	1		'	:			"		1	'.		
From Whom Received						<u> </u>	1	-	Ь	<u>. </u>	L		Prior	Ап	ount	<u>'</u>	Amt. Incurred this Period	
Ton Work Received													Prior Amount Amt. Incurred this					
Address																	Outstanding Balance	
City	Si	tate	Zip	Code	:	l lo	ans F	Zaczak	wd T	hie F	Period		Don. or				ments This Period	
		1	Ι΄			-		ate				Amount	l		Date	-	Amount	
Date Loan was originally	T-	4	1 6		Y	м		D	Y	,	\$		М		Ď	Y	s	
Incurred								į					1		l 1	lΙ		
Registration Number, if PAC	_					М	1	D	7	,			М		D	Y		
							1			•								
Employer/Occupation/Labor Organiz	ation*					М		D	Y	,		•	М		D	Y		
								!					<u> </u>					
From Whom Received													Prior	Arr	ount		Amt. Incurred this Period	
													辶					
Address																	Outstanding Balance	
City	SI	tate	Zip	Code	!	100	Loans Received This Period						Paym Date				ments This Period	
	+.	_	+		- 	1-14:		ate			Te .	Amount	1				Amount	
Date Loan was originally	"	1	0	'	Y	м		D :	۱	:	\$		M		D	Y	 	
Incurred Registration Number, if PAC			<u> </u>	:		м	1	D	╀	<u>: </u>	-	··	М		D	Y	 	
Registration Number, II FAC						"	1		Ι '	:					"	1 1		
Employer/Occupation/Labor Organization*				м	+	.	╁	; 	_		м		D	 Y	 			
Employer/Occupation/ Cabor Organiz	auon						'		Ι΄						1	1 1		
<u> </u>		_					_	•	Ь.	<u>:</u>	<u> </u>				<u> </u>		<u> </u>	
* Required for contributions over \$1	30 to 6	1214	wirla :	and c	neneral :	ecombly	carv	dictate	ec if	cont	ributor	is self-emnloved o	cci ina	tion	and the	name n	of the individual's business.	
if any, rather than employer should b																		
the employees are members, if any,								·~ p~	.,			21.0 0.0000 0.0 095		•	, -			
the criprojects are memoris, it only,		ppu	271 143 0			~ ~												
If a loan is forgiven, write "Forgiven"	in the	" O-	tetan	fina f	Rafance*	snace T	Trans	fer t	ntal d	of all	ioans r	received this neriod	to the	St	atement	of Othe	er Income (Form No. 31-A-2	١.
Transfer total of all payments made				-														
maisier total of an payments made		p C-1 F			, , , , , , , , , , , , , , , , , , ,	к Ф. Дф			(, 0,		J. J. J	,					outer page (comments of)	
1 Total prior amount \$					0.00													
						-												
2 Total received this period \$					3	390.00	π	o For	m No	o. 31	-A-2)							
							_ `				-							
3 Total Payments this Period \$ 0.0							_ (a	(also record on Form 31-B)										
-							_											
Total Outstanding Balance \$ 390.00							_ (1	(To Form No. 30-A)										