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Statement of Loans Received

Prescribed by Secretary of State3/05												
Full Name of Committee						Olivani (Adaptini (Adaptin						
Franklin County Democratic Party - Campaign Account												
From Whom Received									Prior Am			Amt. Incurred this Period
Sean Mentel		***************************************								4,00	00.00	
Address 8538 Preston Mill Ct.												Outstanding Balance $4,000.00$
City Dublin	State OH	Zip Code 4321		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	м 0 1	D 3 0	Y 0 9	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC	hanner en		Lauring	М	D	Y		ottogggggggggggggggggggggggggggggggggg	М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			M	D	Y	
From Whom Received					Accommission	inesana anno			Prior An	ount	Azonnizozo	Amt. Incurred this Period
Law Office of Sean Me	entel											
Address		STATE OF THE PARTY					and definition of the second second second	ACCIDINATION OF THE PROPERTY O			50.5	Outstanding Balance
City	State	Zip Code	}	Loa	ins Receiv	ed This	Period	Amount		Date	-	ents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	оснерова в обра в соднива при населения положения по постоя на гособория в постоя на гособория в постоя постоя	М	D	Y	\$
Registration Number, if PAC	<u></u>		Same	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		yayaayaankaa miiroonida Middhiididda		М	D	Y		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	М	D	Y	
From Whom Received Prior Amount Amt. Incurred this Period												
Address Outstanding Balance												
City	State	Zip Code	9	Loa	ıns Receiv	ed This	Period				Paym	ents This Period
					Date			Amount		Date	3	Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC	C			M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*	DEAL CHONON STREET			М	D	Y		anne la come de acome de la Citado de la Cit	М	D	Y	
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4) If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).												

1	Total prior amount \$	4,000.00		
2	Total received this period \$	0.0	0	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.0	0	(also record on Form 31-E
4	Total Outstanding Balance \$	4,000.0	0	(To Form No. 30-A)