

Statement of Loans Received

Prescribed by Secretary of State3/05

	THE CONTRACTOR OF THE CONTRACT		married and a second	resonance and the second	(00000000000000000000000000000000000000								
Full Name of Committee	nh		m	1,11,	7								
From Whom Received	Thame of Committee Elect Frank Mililo in Whom Received Mililo								Prior Amount			Amt. Incurred this Period	
Address 2 7	111	11		0.1							2.516	Outstanding Balance	
Z056 Zo	<u>Hin</u>	361	(<u>ra</u>								500-	
City Columby State Zip Code OH 43221					Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally	M	D	Y O	M	D	Y	S	500-	М	D	Y	\$	
Incurred	0 8) 5	07	08		109	 	300	M	D	Y		
Registration Number, if PAC				М	D	Y	251882888		101				
Employer/Occupation/Labor Organization*					D	Y			М	D	Y		
From Whom Received									Prior Amount Amt. Incur			Amt. Incurred this Perio	
Address												Outstanding Balance	
ty State Zip Code					Loans Received This Period					Payments This Period			
					Date Amount					Dat	Amount		
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC	2		······································	М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*					D	Y			М	D	Y		
From Whom Received									Prior A	mount		Amt. Incurred this Perio	
Address					<u>., .,</u>		······································					Outstanding Balance	
City	State Zip Code				Loans Received This Period					Payments This Period			
				1 E	Date Amount				Date			Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC	<u> </u>	<u>-L</u>	<u> </u>	М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
				1			<u> </u>						
* Required for contributions over \$100 to sif any, rather than employer should be liste the employees are members, if any, must a	d. If two	ormore er	nployees										
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this													
1 Total prior amount \$		······································	0.00										
2 Total received this period \$	(To Form No. 31-A-2)												
3 Total Payments this Period \$	0.00 (also record on Form 31-B)												
4 Total Outstanding Balance \$	Total Outstanding Balance \$ (To Form No. 30-A)												