

## **Statement of Loans Received**

				P	rescribed b	y Secret	ary of Sta	te3/05				
Full Name of Committee Groce for Columbus S	Schoo	Īç.					y ako tajo antono ony atty ak					
From Whom Received	262800	21.7		2000-2000-000-000-000-000-000-000-000-0					Prior A	nount		Amt. Incurred this Period
Steve Niehoff										5,0	00.00	0.00
Address 4985 Denbigh Court												Outstanding Balance 5,000.00
city Columbus	State DH	Zip Coc 4322		Lo	ans Recei Date	ved This	Period	Amount		Dat		nents This Period Amount
Date Loan was originally Incurred	M 06	D 25	07	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	100	Leav I	10/	М	D	Y			М	D	Y	V
Employer/Occupation/Labor Organization* Product Director	:	***************************************		M	D	Y		***************************************	М	D	Y	
From Whom Received							7707		Prior Ai	nount		Amt. Incurred this Period
Address			***************************************	• • • • • • • • • • • • • • • • • • • •								Outstanding Balance
City	State	Zip Cod	le	Lo	ans Recei	ved This	Period	Amount	Payme Date			ents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y		***************************************	М	D	Y	
Employer/Occupation/Labor Organization*			***************************************	М	D	Y			М	D	Y	
From Whom Received				·		olania makama			Prior Ar	nount	and the second second second	Amt. Incurred this Period
Address					i							Outstanding Balance
City	State	Zip Cod	e	Los	ans Receiv	ved This	Period	Amount	Payme Date			ents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC			···	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap	l. If two o pear. R.C	rmore em 2. 3517.10	ployees do (B)(4)	onate via p	oayroll dec	luction a	nd exceed	the aggregate of \$10	0, the lab	or organiz	ation of w	hich
If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	outstan eriod to t	ung Balai he Statem	ent of Exp	e. 1 ransfer oenditures	(Form No	u ioans ro . 31-B). '	eceived th Transfer T	is period to the State: Total Outstanding Bal	nent of O ance to th	ther Incon e cover pa	ne (Form 1 nge (Form	No. 31-A-2). No. 30-A).

1	Total prior amount \$	5,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	_ (also record on Form 31-E
4	Total Outstanding Balance \$	5,000.00	(To Form No. 30-A)