Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee	V.	€*** «€***	<i>\Q</i>	(0)	DV	No.					
From Whom Received						and the second s			ount		Amt. Incurred this Period
Address	3		100	<u> </u>	Care Care	Cand	forms .				Outstanding Balance
City Carlon Carlon	St ate Zip Code OH			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	M 05	D	Y	M CS	D	Y	Amount 5	M	D	Y	\$ Amount
originally Incurred Registration Number, if PAC				М	D	Y		M	D.	Y	
Employer/Occupation/Labor Organization*				M	D	Y.		M	D _i	Y,	
From Whom Received									ount		Amt. Incurred this Period
Address									Outstanding Balance		
City	St ate Zip Code OH		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was	M	D	Y	M	D	Y	\$	М	D	Y	\$
originally Incurred Registration Number, if PAC	L	1		M	D	Y		М	D	Y.	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y	
From Whom Received								Prior An	iount		Amt. Incurred this Period
Address		***************************************					The state of the s				Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period Date Amount			Payments Date			This Period	
					Jaco		Amoun		Date		Amount
Date Loan was	M	D	Y	М	D	Y	\$ ************************************	M	Date	Y	Amount \$
Date Loan was originally Incurred Registration Number, if PAC	M	D	Y	B		Y	\$	M		Y	Amount
originally Incurred		D	Y	М	D		\$		D	S. C. S. C.	Amount \$
originally Incurred Registration Number, if PAC	on* dividuals of their than en	over \$100 mployer sh	to statewic	M M de and gested. If the	D D eneral as	Y Y Ssembly	candidates. If contribute via p	M M tor is self	D D D	Y Y	cupation and the name of
registration Number, if PAC Employer/Occupation/Labor Organization Required for contributions from in the individual's business, if any, rate	on* dividuals of their than entiployees are given" in the total	over \$100 mployer she members the "Outs	to statewichould be liss, if any, manding E	M M M de and gested. If traust also	D D D eneral as wo or mappear.	Y Ssembly ore emp [R.C. 35	candidates. If contribution of the contribution of the contribute via position of the contribution of the	M M tor is self ayroll decoreceived	D D -employe	Y d, the ocd exceed	cupation and the name of the aggregate of \$100, the
* Required for contributions from in the individual's business, if any, rat labor organization of which the em If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Transaction of Income (Form No. 31-A-2).	dividuals of ther than en aployees are given" in the insfer total in No. 30-	over \$100 mployer she members the "Outs	to statewichould be liss, if any, manding E	M M M de and gested. If traust also	D D D eneral as wo or mappear.	Y Ssembly ore emp [R.C. 35	candidates. If contribution of the contribution of the contribute via position of the contribution of the	M M tor is self ayroll decoreceived	D D -employe	Y d, the ocd exceed	cupation and the name of the aggregate of \$100, the
* Required for contributions from in the individual's business, if any, rat labor organization of which the em If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Trans Balance to the Cover page (Form	dividuals of their than employees are given" in the inster total in No. 30-200	over \$100 mployer she members the "Outs	to statewichould be liss, if any, manding E	M M M M sted. If trust also Balance' ade in t	D D D eneral as wo or mappear.	Y Y Seembly ore emp [R.C. 35]	candidates. If contribution to the contribution of the contributio	M M tor is self ayroll decoreceived	D D -employe	Y d, the ocd exceed	cupation and the name of the aggregate of \$100, the
employer/Occupation/Labor Organization * Required for contributions from in the individual's business, if any, rat labor organization of which the em If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Trat Balance to the Cover page (Form 1 Total prior amount \$\$0.	dividuals of ther than en uployees are given" in the inster total in No. 30	over \$100 mployer she members the "Outs	to statewichould be liss, if any, manding E	M M M de and gested. If to ust also Balance' ade in t	D D D D aeneral as wo or m appear. " space	Y Y Seembly ore emp [R.C. 35 Trans: dod to th	candidates. If contribute via positive to the second secon	M M tor is self ayroll decoreceived	D D -employe	Y d, the ocd exceed	cupation and the name of the aggregate of \$100, the