Statement of Loans Received

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Prescribed by Secretary of State 3/05

				Trescribed by	Acrealy 0	5.05					
Full Name of Committee The Committee to Elect	Dominic	Paretti									
From Whom Received Dominic Paretti						Prior Amount \$0.00			Amt. Incurred this Period \$25.00		
Address 522 1/2 S. Pearl Street									Outstanding Balance \$25.00		
City Columbus	St ate OH	Zip Code 43215		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	1 0	0 8 1	5	1 0 0	8 1 5	\$ \$25.00	M	D	Y	S	
Registration Number, if PAC n/a	<u>, , , , , , , , , , , , , , , , , , , </u>			M D	Y		M	D	Y	-	
Employer/Occupation/Labor Organization* n/a			M D	Y		M	D	Y			
From Whom Received			•				Prior An	nount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate OH	Zip Code		Le Date	ans Receiv	ed This Period Amount		Paj Date	yments	This Period Amount	
Date Loan was	M +	D	Y.	M D	Yahaman	S	М	D	Y	S	
Registration Number, if PAC	_ <u></u>			M D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			M D	Yuman		M	D	Y			
From Whom Received			,	<u> </u>			Prior An	nount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate OH	Zip Code		Le Date	Loans Received This Period Date Amount			Pa Date	yments	This Period Amount	
Date Loan was	M	D _.	Y	M D	Y	5	M	D without special	Y _i	S	
Registration Number, if PAC			M D	Y		M _.	D	Y			
Employer/Occupation/Labor Organization*			M D	Y		M ₁	D	Y			
* Required for contributions from i	ndividuals o	over \$100 to s	tatewid	e and genera	assembly	candidates. If contrib	utor is self	-employed.	the oc	cupation and the name of	

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 Outstanding Balance to the Cover page (Form No. 30-A).

^t Total prior amount \$\$0.0	_	
² Total received this period \$	\$25.00	(To Form No. 31-A-2)
³ Total payments this period S	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance S	\$25.00	(To Form No. 30-A)

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]