31-C R.C. 3517.10

Page	

Statement of Loans Received

				Pro	escribed b	y Secret	tary of Sta	ate3/05				
Full Name of Committee	ls sé		JAA 5	70 K.								
Prom Whom Received WES KANTON WES KANTON						Prior Amount			Amt. Incurred this Period			
Address 40 f2 BIBAN		***************************************			***************************************	<u></u>					E	Outstanding Balance
Address City WHO FEHALL Date Loan was originally	State Ont	Zip Cod	e 2125	Loa	ans Receiv	ved This	s Period	Amount		Date	-	nents This Period Amount
Date Loan was originally Incurred	М 0 3	D O I	09	М	D	Y	S		M	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									Prior An	nount		Amt. Incurred this Period
Address	CATOMICS OF CONTRACTORS OF CONTRACTO											Outstanding Balance
City	State	Zip Cod	е	Lo	ans Recei						nents 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									Prior Ar	nount		Amt. Incurred this Period
Address				yogdamko govendometro	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							Outstanding Balance
City	State	Zip Cod	e	Lo	ans Recei Date	ved Thi	is Period	Amount		Dat		nents This Period Amount
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$		М	D	Y	\$
Registration Number, if PAC	well-reconstruction or the second		<u> </u>	M	D	Y		000000000000000000000000000000000000000	М	D	Y	
Employer/Occupation/Labor Organization	*			М	D	Y			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 Transfer total of all payments made in this												

1	Total prior amount \$	0.00	
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 \$	0.00	(To Form No. 30-A)