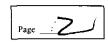
Statement of Loans Received



Prescribed by Secretary of State 3/05										
Full Name of Committee		2 1/4	API.	<u>A</u>						
From Whom Received							Prior Amount			Amt, Incurred this Period
Address 7272 CHO, CLC CHADEL										Outstanding Balance
City			Payments This Period							
UUBUN	014	430	1	Date	s Receive	Amount	1	Date	ayments	Amount
Date Loan was originally Incurred	10	141	3 1	D	Y	\$400	M	D	Y	S
Registration Number, if PAC			М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization	n*		M	D	Y	· · · · · · · · · · · · · · · · · · ·	M	D	Y	
From Whom Received							Prior An	nount	1 '	Amt. Incurred this Period
Address									7 N 7	Outstanding Balance
City	St ate	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y	М	D	Y	\$	М	D	Y	S
Registration Number, if PAC	·	<u>, </u>	М	D	Ý		М	D	Y	
Employer/Occupation/Labor Organization*				D	Y		М	D	Y	
From Whom Received							Prior An	nount	- 	Amt. Incurred this Period
Address Outstanding Balance										
City	St ate	Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was	М	D Y	М	D	Y	S	M	D	Y	S
Registration Number, if PAC	1 !	<u> </u>	M	D	Ÿ		М	D	Y	
Employer/Occupation/Labor Organization*				D	Y		М	D	Y	
* 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)]										
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).										
¹ Total prior amount \$		/*				<i>'</i> ,				

¹ Total prior amount \$	
² Total received this period S	(To Form No. 31-A-2)
³ Total payments this period \$	(To Form No. 31-B)
4 Total Outstanding Balance \$	(To Form No. 30-A)