## **Statement of Loans Received**

Page \_3\_

Prescribed by Secretary of State 3/05

			riescho		icary or	Sale 5/05				
Full Name of Committee							-			
COMMITTEE TO ELECT	ALBERT	IOSUE								
rom Whom Received							Prior Amount			Amt. Incurred this Period
ALBERT IOSUE							\$400.00			\$0.00
Address										Outstanding Balance
5793 WALTERWAY DRIVE										\$400.00
City	St ate	Zip Code								
HILLIARD	ОН	43026	Loans Received This Period Date Amount			Payments This Period Date			This Period Amount	
	M	D Y <sub>i</sub>	M	D	Yi	S	М	Date	Yı	S
Date Loan was	0 4	1 3 1 2		1 1						\$0.00
originally Incurred	1 ' '	1 1 9 1 1 12						1		
Registration Number, if PAC			М	D	Y		M	D		
Employer/Occupation/Labor Organizatio	n*		M	D	Yj		M	D	Yį	
From Whom Received			<u> </u>	,	<u> </u>		Prior An	nount	•	Amt. Incurred this Period
Address					•	<del>-</del>				Outstanding Balance
City	St ate	Zip Code								
ОН			Loans Received This Period  Amount				Payments This Period Date Amount			
	M	D. Y.	М	D	Yı	S	M	D,	Yı	S
Date Loan was										
originally Incurred Registration Number, if PAC		<u> </u>	M	   D	Yı		M	D	Yı	
Registration Number, II PAC			М							
Employer Occupation Labor Organization*			M	D	Y		M	D,	Y	
From Whom Received	_						Prior An	nount		Amt. Incurred this Period
							i			ì
Address										Outstanding Balance
City	St ate	Zip Code								
	ОН		, r	Loan Date	s Receiv	ed This Period Amount		Date F	'ayments	This Period Amount
· · · · · ·	M	D Y	M	D	Y	\$	M	D	Yj	\$
Date Loan was										
originally Incurred			M		I I	ļ <u> —                                   </u>	M	<u>!</u>	   V.	
Registration Number, if PAC			M	D						
Employer/Occupation/Labor Organization®			М	D	Y		М	D	Y	
* Required for contributions from in	dividuals o	over \$100 to statewic	ie and ge	eneral as	sembly	candidates. If contribu	tor is self	r-employe	ed, the oc	cupation and the name of
the individual's business, if any, rat labor organization of which the em	ner than er	npiover snould be lis	sica, II t nist also	wo or mo	ir c emp	ioyees contribute via p 517 10(B)(4)1	ay roll dec	suction an	ni exceed	i die akkiekwe or 2100' me
moor organization of which me cur	projeca are	incliners, ir ally, ill	1130	-pp.		(-)(-),				_
10 1 1 0 1 1 20		1	1 - 1	7	T	C 4-4-1 - C-11 1		this som	ind to th	a Statement of Other

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).

Total prior amount \$\$400.00	<del></del>
<sup>2</sup> Total received this period \$ \$0.00	(To Form No. 31-A-2)
Total payments this period \$S0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$ \$400.00	(To Form No. 30-A)