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## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee								<del></del>	*			
DREES FOR UA SCH	<u>0</u> 0LS	<u> </u>										
From Whom Received						Prior Amount			Amt. Incurred this Period			
Nancy Drees						0.00			3,800.00			
Address									, in		36. 3	Outstanding Balance
3781 Criswell Dr. 3,800.00								3,800.00				
City Columbus	State	Zip Code 43220		Loa	ans Receiv Date	ved This	Period	Amount	Payments This Period Date Amount			
Date Loan was originally	M	D	J Ty	Mİ	D	ΙΥ	Ic	Allogati	M	Dai	Y	Amount
Incurred	$\begin{vmatrix} 0 \\ 8 \end{vmatrix}$		1 5		1	1 -	Ĵ	1000.00			1	3
Registration Number, if PAC		<u> </u>	<u> </u>	M	D	Y	1		М	D	Y	-
				0 8	216	1   5		1300.00				
Employer/Occupation/Labor Organization*		·		M	D	Y			M	D	Y	
				$1 \mid 0$	1   3	$1 \mid 5$		1500.00		į		
From Whom Received					<u></u>	Prior Amount Amt, Ir			Amt, Incurred this Period			
Address						,			Outstanding Balance			
City	State	Zip Code	2	Loa	Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	5		M	D	Y	S
Registration Number, if PAC				M	D	Y		<u></u>	М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		<del></del>	М	D	Y	
From Whom Received						· · · <u>-</u>	Prior Amount Amt. Incurred this Per			Amt, Incurred this Period		
Address											* 11.11	Outstanding Balance
City	State	Zip Code	<del>-</del>	Loans Received This Period Date Amount			Payments This Period  Date Amount					
Date Loan was originally	M	D	Y	M	D	Y	s		M	D	Y	S
Incurred												·
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		<del></del>	M	D	Y	
* Required for contributions over \$100 to st	atewide a	nd genera	l assembly	eandidat	tes. If cont	ributor is	self-emp	loyed, occupation and	the name	c of the in	dividual's 1	business.

If a loan is forgiven, write	"Forgiven" in the	"Outstanding Balance"	space. Transfer to	ital of all loans	received this p	eriod to the Stat	tement of Other Inc	come (Form No.	31-A-2)
Transfer total of all payme	ents made in this po	eriod to the Statement	of Expenditures (F	orm No. 31-B)	. Transfer Tota	l Outstanding Ba	alance to the cover	page (Form No	. 30-A).

1	Total prior amount \$	0.00	
2	Total received this period \$	3,800.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	_ (also record on Form 31-B)
4	Total Outstanding Balance \$	3,800.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's busines 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)