

Statement of Loans Receive

Form 31

R.C. 3517.

Full Name of Committee		a=-a	man an annual of					
Jim	Ra	of View	Se Trusto	$\langle \phi \rangle$				
From Whom Received						Prior Amount	Amt. Ir	ncurred this Per
JAMES O. FROCK						5,000	-	0 -
Street Address								inding Balance
City State Zip Code Loans Received This Period						5,000000		
City	State	Zin Code					\mathcal{O}_{j}	
Grane Car On State			Loans Received This Period			Payments This Period		
Date Loan was Originally Incurred (MM/DD/YYYY)			Date of Loan (MM/DD)/YYYY)	Amount	Date of Payment (MM	/DD/YYYY)	Amount
09/07 1900								
Registration Number, if PAC			Date of Loan (MMOD	MYYYY)	Amount	Date of Payment MM	/DD/YYYY)	Amount
				N. Arke	1		Marian .	
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD	/YYYY)	Amount	Date of Payment (MM	/DD/YYYŸ)	Amount
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From Whom Received		·				Prior Amount	Amt. Ir	ncurred this Per
Street Address							Outeta	nding Balance
Oligati Muliass							Ouisia	nuing balance
City	State	Zip Code	Loans Received This Period			Payments This Period		
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Date Loan was Originally	Date of Loan (MM/DD	/YYYY)	Amount	Date of Payment (MM.	/DD/YYYY)	Amount		
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Registration Number, if PAC			Date of Loan (MM/DD/YYYY) Amount		Amount	Date of Payment (MM	/DD/YYYY)	Amount
Employer/Occupation/Labor Organization*			Date of Loan (MM/DD	(YYYY)	Amount	Date of Payment (MM	/DD/YYYY	Amount
			<u> </u>		<u> </u>			<u> </u>
* Required for contributions from in	dividuals i	over \$100 to state	uide and general assen	ably can	didates If contribu	tor is ealf amployed	tha accura	ation and the
name of the individual's business, i	f any, rath	er than employer s	should be listed. If two o	or more	employees contribi	ute via payroll deduct	tion and ex	ceed the
aggregate of \$100, the labor organi								
if a loan is forgiven, write "Forgiven (Form No. 31-A-2). Transfer total or	" in the "C f ali paym	Outstanding Balance ents made in this p	e" space. Transfer total period to the Statement	of all lo of Expe	ans received this p nditures (Form No.	eriod to the Statemer 31-B). Transfer Outs	nt of Other	r Income alance to the
Cover page (Form No. 30-A).	, ,	·			,	,···	g	
سو	~ ~	00						
Total Prior Amount \$	00	0 /						
······· /								
Total Received This Period	(also record on Form 31-A-			2)				
			(7) am					
Total Payments Received th	(a	(also record on Form 31-B)						
Total Outstanding Delega		5 nan	29 					
Total Payments Received this Period \$				(also record on Form 30-A)				