31-C		wa
R.C. 3517 [0] [5 . [1]]	15	AHII: 0Statement of Loans Received
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FRAAK	Lin co	UNTY	-Sta	t CIII	Prescrib	ed by Sec	retary of	State 3/05	cu					
Full Name of Committee	re Wo	CTIUN	1016	iafi	u	Poc	1400	as action	Con	nife	20			
From Whom Received	ma .	steu	vert	-					Prior Arr	nount		Ami. Incurred this Period		
Address 855	- br	Yn ,	nab	-S	·			· - · · ·				Outstanding Balance		
City garana		State	Zip Code	35		Loan Date	s Receiv	ed This Period Amount		P. Date	ayments	This Period Amount		
FRANK BOARD F BOARD F Full Name of Committee Eth!Cal / From Whom Received Address City GoLama Date Loan was originally Incurred Registration Number, if PAC		М	15	06	M	D D	Y	\$	M M	D	Y	\$		
Employer/Occupation/Labor (Organization'	•			M	D	Y		M	D	Y			
From Whom Received					!	1	<u>'</u>		Prior An	nouni	1 1	Amt. Incurred this Period		
Address												Outstanding Balance		
City		St ate	Zip Code			Losa Nate	s Receiv	ed This Period Amount		P. Date	ayments	yments This Period Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	S	М	D	Y	s		
Registration Number, if PAC		_			М	р 	Y -		M	D	Y 			
	Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y			
From Whom Received									Prior An	nount		Amt. Incurred this Period		
Address												Outstanding Balance		
City		St ate	Zip Code		E	Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred		M	Đ	Y	М	D	Y	S	М	Đ	Y	S		
Registration Number, if PAC					М	D	Y		M	D	Y			
Employer/Occupation/Labor	Organization	•			M	D	Y		М	D	Y			
 Required for contribution the individual's business, labor organization of white 	if any, rath	er than en	aployer sh	ould be li	sted. If t	wo or me	re emp	loyees contribute via p	itor is self ayroll dec	-employed luction an	d, the oc d exceed	cupation and the name of the aggregate of \$100, the		
If a loan is forgiven, we Income (Form No. 31-A Balance to the Cover page 1997).	1-2). Trans	sfer total	of all pay	tanding I ments n	Balance nade in t	" space. his peri	Trans od to ti	fer total of all loans ne Statement of Expe	received enditures	this peri (Form N	od to th ₹o. 31-E	e Statement of Other 3), Transfer Outstanding		
¹ Total prior amount \$_	~	250		_										
² Total received this per	riod S				_(To Fo	orm No.	31-A-	2)						
³ Total payments this po					(To Fom	n No. 3	1-B)						
⁴ Total Outstanding Bal	lance \$	ras	$\mathcal{O}_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$		((To For	n No.	30-A)						