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## **Statement of Loans Received**

		Zip Code 43213 D		Loa					Prior Am	ount	0.00	Amt. Incurred this Period
From Whom Received Katherine Wood Address 385 Cumberland Dr. City Sta Whitehall O	H	43213		Loa					Prior Am	ount	0.00	
Katherine Wood  Address 385 Cumberland Dr.  City Sta Whitehall	H	43213		Loa							0.00	
Address 385 Cumberland Dr.  City Sta  Whitehall O	H	43213		Loa					į		0.00	20.00
385 Cumberland Dr.  City Sta  Whitehall O	H	43213		Loa								Outstanding Balance
City Sta Whitehall O	H	43213		Loa								20.00
			,		ns Receiv Date	ed This	Period	Amount		Date	-	ents This Period Amount
Date Loan was originally M Incurred 1		1 3	Y 0 9	м 1 0	D 1 3	Y 0 9	S	20.00	М	D	Y	\$
Registration Number, if PAC				М	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received					L	***************************************			Prior An	ount		Amt. Incurred this Period
Address												Outstanding Balance
City Sta	te	Zip Code	:	Loa	ns Receiv	ed This	Period	Amount		Date		ents This Period Amount
Date Loan was originally M Incurred		D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received						<u> American Assessor</u>			Prior An	ount		Amt. Incurred this Period
Address												Outstanding Balance
City St.	te	Zip Code	;	Loans Received This Period  Date Amount Date				Payments This Period Amount				
Date Loan was originally M Incurred		D	Y	М	D	Y	\$		М	D	Y	S
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*		***************************************		М	D	Y			М	D	Y	
* Required for contributions over \$100 to statew if any, rather than employer should be listed. If the employees are members, if any, must appear If a loan is forgiven, write "Forgiven" in the "Ot Transfer total of all payments made in this perior	wo c R.C tstar	ormore em C. 3517.10 nding Bala	ployees of (B)(4)	lonate via ce. Transf	payroll do	eduction all loans	and exce	ed the aggregate of \$100 this period to the Sta	00, the la	Other Inc	ization of	m No. 31-A-2).

1	Total prior amount \$	0.00	
2	Total received this period \$	20.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-
4	Total Outstanding Balance \$	20.00	(To Form No. 30-A)