Statement of Loans Received

Page U

Prescribed by Secretary of State 3/05

Full Name of Committee	-	-	<u>, , , , , , , , , , , , , , , , , , , </u>							_	
Litizens for	· Ja	50 m	1:NY	1.105							
From Whom Received								Prior Amount			Amt. Incurred this Period
From Whom Received Litizens for Jason Phillip Address Litizens for Joson Phillip From Whom Received Litizens for Joson Ph								Ø.00			500.00 Outstanding Balance
187 hegents	Road	_									500.00
City		Loans Received This Period				Payments This Period					
Cahanna	()h.o	432	3 Ø	I	Date Amount				Date	4) III - 1	Amount
Date Loan was	08	1 4	1/2	M		ľ	S	M	D	Y	S
originally Incurred Registration Number, if PAC	1010		[1]	M	D	Y		M	D	Yi	
Employer/Occupation/Labor Organization*					D	Y		M	D	Y	
											ļ
From Whom Received					Prior Am	ount		Amt. Incurred this Period			
Address											Outstanding Balance
											-
City	St ate Zip Code			Loans Received This Period				Payments This Period			
	M	D	V.	M	Date D	T (2	Amount	M	Date D	1 8	Amount
Date Loan was			1		ĬĬ						
originally Incurred Registration Number, if PAC	<u> </u>	i	ı	M	D	Y		M	D,	Y	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y	
From Whom Received	-							Prior Arr	nount	į	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate	Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was	М	D	Ϋ́	M	P	Y	S	M	D	Y	S
originally Incurred											
Registration Number, if PAC					P	ľ		M	D	Y	
Employer/Occupation/Labor Organizatio	m *			M	 D	Yı		M	D	Y	· · · · · · · · · · · · · · · · · · ·
Employer/Occupation Easter Organizatio	••			"		1					
 Required for contributions from in 	dividuals o	ver \$100 t	o statewic	de and g	eneral as	sembly	candidates. If contribu	tor is self-	-employe	d, the oc	cupation and the name of
the individual's business, if any, rat	her than en	nployer sh	ould be lis	sted. If t	wo or m	ore emp	loyees contribute via p				
labor organization of which the em	• •		•		••	•					
If a loan is forgiven, write "Forg Income (Form No. 31-A-2). Tran	isfer total	of all pay									
Balance to the Cover page (Form		•									
Total prior amount \$	00		_								
² Total received this period \$	500	<u>. o c</u>	<u> </u>	_(To F	orm No	. 31-A-	2)				
³ Total payments this period \$ _		D, O	0	(To For	n No. 3	1-B)				
⁴ Total Outstanding Balance \$ _	<u>50</u>	0.0	20		(To For	m No. I	30-A)				