Page	Luci.

Statement of Loans Received

				Pro	escribed b	y Secre	tary of Sta	nte3/05				
Full Name of Committee		on Albanous Assistance		***************************************			***************************************		Allow Commence of the Commence			
The Committee for Ch	ris Lo	ng										
From Whom Received			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						Prior An	iount		Amt. Incurred this Period
Sandra Long								0.00	500.00			
Address												Outstanding Balance
1675 Haft Drive												500.00
_{City} Revnoldsburg	State O H	Zip Cod 4306		Loa	ns Receiv Date	ed Thi	s Period	Amount		Date	e .	ents This Period Amount
Date Loan was originally	М	D	Y	М	D	Y	S	pm / \ /	М	D	Y	\$
Incurred	0 6	2 9	0 9	0 6		1 ~	9	500		 	Y	0
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
Evaluations, Inc./Com.	Treas	surer									<u> </u>	
From Whom Received									Prior Ar	nount		Amt. Incurred this Period
Address					.,,							Outstanding Balance
City	State	Zip Cod	le	Loans Received This Period Date Amount				Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	S		М	D	Y	S
Registration Number, if PAC	<u> </u>	<u> </u>		М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received									Prior Aı	nount		Amt. Incurred this Period
Address					DUM CHICONICO III							Outstanding Balance
City	State	Zip Coc	le	Lo	ans Recei Date	ved Th	is Period	Amount		Dat		nents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y	S	111111111111111111111111111111111111111	М	D	Y	S
Registration Number, if PAC				М	D	Y		New York Control of the Control of t	М	D	Y	
Employer/Occupation/Labor Organization*		wana .		М	D	Y			М	D	Y	
* Required for contributions over \$100 to st if any, rather than employer should be listed	ł. If two o	rmore en	iployees d	y candida onate via	tes. If con	tributor duction	is self-en	nployed, occupation a	nd the nan	ne of the ir	ndividual's zation of v	business, which
the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	e "Outstan	ding Bala	ance" spac	e. Transfe penditures	er total of a	ill loans o. 31-B	received	this period to the Sta r Total Outstanding E	tement of G	Other Inco he cover p	me (Form page (Form	No. 31-A-2). 1 No. 30-A).

1	Total prior amount \$	0.00
2	Total received this period \$	500.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	0.00 (also record on Form 31-F
4	Total Outstanding Balance \$	500.00 (To Form No. 30-A)