F	age	***************************************	-

Statement of Loans Received

				P	rescribed	by Secret	ary of Sta	ate3/05					
Full Name of Committee									and the second second				
Friends of Fellows													
From Whom Received						MERIODO SERVICIO SERVICIO			Prior .	Amount		Amt. Incurre	ed this Period
Edward J. Fellows										3.0	00.00		1.000.00
Address			************************									Outstanding	
7015 Harlan Square													4,000.00
City	State	Zip Cod	е	Lo	ans Recei	ived This	Period				Paym	ents This Pe	
New Albany	OF	I 4305	4	SOUTH DESCRIPTION OF THE PROPERTY OF THE PROPE	Date			Amount		Dat			Amount
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Incurred				0 8	1 7	0 9)	500.00					
Registration Number, if PAC	-			М	D	Y			М	D	Y		***************************************
				0 9	2 1	0 9)	500.00					
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y		
			*****************	1 0	0 1	0 9		1500.00					
From Whom Received									Prior A	Amount		Amt. Incurre	ed this Period
Edward J. Fellows													
Address												Outstanding	Balance
7015 Harlan Square													
City	State	Zip Code		Lo	ans Recei	ived This	Period				Paym	ents This Per	riod
New Albany	OH				Date			Amount		Dat	e		Amount
Date Loan was originally	M	D	Y	М	D	Y	\$		M	D	Y	\$	
Incurred				1 0				500.00					
Registration Number, if PAC				М	D	Y	COMMISSION OF THE PROPERTY OF		М	D	Y		
					0 5		}	1000.00					
Employer/Occupation/Labor Organization*				М	D	Y			М	D 2 0 4	Y 0 9		1427.98
From Whom Received									Constitution of the last	Amount	1	Amt. Incurre	ed this Period

Address												Outstanding	Balance
City	State	Zip Code	2	La	ans Recei	red This	Dowlad						• •
		,		LU	Date	veu ims	1 61100	Amount		Dat		ents This Per	rioa Amount
Date Loan was originally	М	D	Y	М	D	Y	\$		М	D	Y	s	
Incurred					ļ.								
Registration Number, if PAC	J		<u></u>	М	D	Y			М	D	Y		

Employer/Occupation/Labor Organization*				М	D	Y	1		М	D	Y		
* Deguined for contributions over \$100 to at			1 1-1	1:1-	TC	. 1	10			2.1			
* Required for contributions over \$100 to st if any, rather than employer should be listed	I If two	anu genera	l assembi	y candidai	ies. II con	direction of	s seir-einp	noyed, occupation and	the na	me of the in	dividual's l	ousiness,	
				знате уга р	раугон пе	auction ai	na exceed	the aggregate of \$10), the la	abor organiz	ation of w	nich	
the employees are members, if any, must ap	реаг. к.С	331/.10(D)(4)										
YO X													
If a loan is forgiven, write "Forgiven" in the													
Transfer total of all payments made in this p	period to t	the Stateme	ent of Exp	enditures	(Form No	o. 31-B). '	Transfer '	Total Outstanding Bal	ance to	the cover pa	age (Form	No. 30-A).	

1	Total prior amount \$	3,000.00	
2	Total received this period \$	1,000.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	1,427.98	(also record on Form 31-B)
4	Total Outstanding Balance \$	2,572.02	(To Form No. 30-A) - Forgiven