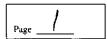
Statement of Loans Received



Prescribed by Secretary of State 3/05

| Tr. 4.54 | | | | | | | | | | | | | $\overline{}$ |
|----------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------|---------------------|--------------------------------------------------------------|---------------------|-----------------------|-------------------------------------------|--------------------|----------------------------------|--------------------|----------------------|-----------------------------------------------|------------------|
| Full Name of Committee | 4 00 | מטמ | cil | | | | | | | | | | |
| From Whom Received Pat Zolliers | | | | | | | | | Prior Amount | | | Amt. Incurred this Per- | riod |
| Address 6928 City Leynolds hv12 Date Loan was | - <i>6 18</i> | <u>// </u> | 01 | | | | | | | | | Outstanding Balance | |
| City | St ate | Zip Code | <i>/_</i> | | | D. C. | TTE: Descrip | - | | | D | This Period | |
| Keynolds brig | 0H 93068 | | | Loans Received This Period Date Amount M D Y ₁ \$ | | | | | M | Date D | rayments V | Amount | |
| originally Incurred | 03 | 10 | 15 | 0 | 3/10 | 1/5 | * 300.0i | | | | | 0 | |
| Registration Number. if PAC | | | | | 1 1 4 | /) S | 200.00 | , | M | D | Y | <i>₽</i> | |
| Employer/Occupation/Labor Organizat | ion* | | (gi | | | | 30000 | | M | D | Y | -0 | |
| From Whom Received | | | (4) 2 | | · · · · · · | 1 . | | P | rior Ame | ount | <u> </u> | Amt, Incurred this Per | riod |
| Address | 3 | | | | | <u> </u> | | 1 | | | • | Outstanding Balance | |
| City | St ate Zip Code | | | Loans Received This Period | | | | | Payments This Period | | | | |
| Date Loan was | M, | D | Y | M _: | Date D | Y | Amount S | | M | Date | Y | \$ Amount | |
| originally Incurred Registration Number, if PAC | | 1 | <u> </u> | M | D | Y | | | M | D | Y | | |
| Employer/Occupation/Labor Organization* | | | | M | D | Y | | \dashv | M | D | Y | 1 | |
| From Whom Received | | | | | | | <u> </u> | ь | rior Am | ount | | Amt. Incurred this Per | tiod |
| Prom whom Received | | | | | | | | ľ | 11(14 74111 | June | | Ant. Meared and to | |
| Address | | · | | | | | | | | | | Outstanding Balance | |
| City | St ate Zip Code | | | Loans Received This Period Date Amount | | | | | Payments This Period Date Amount | | | | |
| Date Loan was originally Incurred | М | D | Y | M | D | Y | \$ | | М | D | Y | S | |
| Registration Number, if PAC | ! | · | <u> </u> | M | D | Y | | | M | D | Y | | |
| Employer/Occupation/Labor Organiza | tion* | | | M | D | Yı | | | <u>м</u> | D | Y | | |
| * Required for contributions from the individual's business, if any, r labor organization of which the e | ather than em | ployer she | ould be li | sted. If t | lwo or n | ore emp | doyees contribute v | ributor ia payr | is self- oll ded | employ uction a | red, the o | ecupation and the named the aggregate of \$10 | ne of 00, the |
| If a loan is forgiven, write "Fo Income (Form No. 31-A-2). Tr Balance to the Cover page (Fo | ansfer total | of all pay | anding F ments m | Balanco iade in | " space this per | e. Trans riod to t | fer total of all loa he Statement of E | ins rec Expend | eived litures | this pe (Form | riod to t No. 31- | he Statement of Oth B). Transfer Outsta | her Inding |
| [†] Total prior amount \$ | -0 | | _ | | | | | | | | | | |
| ² Total received this period \$_ | 5 | 00. 00. | 00 | 放 (To F | orm No | 5. 31-A | -2) | | | | | | |
| ³ Total payments this period \$ | 5 | 00. | 00 | (| To For | m No | B1-B) | | | | | | |
| ⁴ Total Outstanding Balance \$ | |) | | | (To Fo | rm No. | 30-A) | | | | | | |