Page	

Statement of Loans Received

Prescribed by Secretary of State3/05													
Full Name of Committee Consort tee From Whom Received	1,	E	Test	T D	ale i	elac.	12.5	ston Plea	15 n. st 10	sφ	Tru	s tee	
1114 5017		animuska							Prior Am	ount		101000	
Address 4840 Benty Rel City on the State Zip Code Loans Received This Period											Outstanding Balance / 入 / 8 - 0 ロ		
City Crose City	State		ip Code	J-3	Loa	ins Receiv Date	ed This	Period Amount		Payments This Period Date Amount			
Date Loan was originally incurred	М		D	Y	М	D	Y	s 121800	М	D	Y	\$	
Registration Number, if PAC	***************************************			***************************************	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organizat	ion*	0444 (Section 1997)			М	D	Y		М	D	Y		
From Whom Received									Prior An	nount		Amt. Incurred this Period	
Address	DECEMBER 1881		***************************************									Outstanding Balance	
City	State	Z	ip Code		Los	ans Receiv	ved This	Period Amount		Payments This Period Date Amount			
Date Loan was originally Incurred	М	T	D	Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC			i	un anno anno anno anno anno anno anno an	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y	The second secon	M	D	Y			
From Whom Received Prior Amount Amt. In								Amt. Incurred this Period					
Address	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) 						,-,					Outstanding Balance	
City	State	e Z	Cip Code	:	Lo	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	T	D	Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC	<u>I</u>		····	<u> </u>	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organizat	tion*	******			М	D	Y	A	М	D	Y		
* Required for contributions over \$100 if any, rather than employer should be the employees are members, if any, multiple a loan is forgiven, write "Forgiven" transfer total of all payments made in	listed. If twast appear.	o orr R.C.	more em 3517.10 ling Bala	ployees (B)(4) ance" spa	donate via	a payroll d	leduction	a and exceed the aggrega as received this period to	te of \$100, the le	abor organ	nization of	ти No. 31-A-2).	
1	•			0.00									

1	Total prior amount \$		0.00	
2	Total received this period \$	1218	0.00 (To Form No. 31-A-2)	
3	Total Payments this Period \$	Nº 0	0.00 (also record on Form 31-B)	
4	Total Outstanding Balance \$	1218	0.00 (To Form No. 30-A)	Fregives D.W.