Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee			. 1 (1	
Full Name of Committee	701	, h-,	3164	النيا	4							
Malisca Milacidat									ount 3 <i>00</i>	<u>0</u>	Amt. Incurred this Period	
Address 4888 Marking Lip Code City City City City City City Amount Amount Amount											Outstanding Balance	
City Grave (A	St atc	Zip Code 43(~		Loans Received This Period Date Amount				P Date	ayments	This Period Amount	
Date Loan was	M 05	18	1	М	D	Y	-0-	М	D	Y	-0-	
originally Incurred Registration Number, if PAC		<u>'</u>	<u> </u>	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization	n*			М	D	Y		М	D	Y		
From Whom Received									ount		Amt, Incurred this Period	
Address >								-			Outstanding Balance	
The state of the s							:				_	
City	St ate Zip Code				Loans Received This Period Date Amount				P	This Period Amount		
Date Loan was	Manage	D	Y	М	D	Y	\$ '	М	D	Y	\$	
originally Incurred Registration Number, if PAC			Washington, School	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization	n*		•	M' ·	D	Y		М	D	Y		
From Whom Received									ount		Amt. Incurred this Period	
Address											Outstanding Balance	
City	St atc	Zip Code	···		Loans Received This Period				Payments This Period Date Amount			
Date Loan was	М	D	Y	М	D	Y	Amount \$	М	Date D'A	Y	Amount S	
originally Incurred Registration Number, if PAC			<u> </u>	М	Ď	Y		М	D	Y	1 Verdeinande	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
* Required for contributions from inc the individual's business, if any, ratl labor organization of which the emp	her than er	nployer sh	nould be lis	sted. If ty	vo or mo	re emp	loyees contribute via p					
If a loan is forgiven, write "Forgi Income (Form No. 31-A-2). Tran Balance to the Cover page (Form	sfer total	of all pay	tanding E yments m	Balance' ade in t	' space. his peri	Trans od to tl	fer total of all loans he Statement of Exp	received enditures	this peri (Form N	od to th Vo. 31-E	e Statement of Other 3), Transfer Outstanding	
¹ Total prior amount \$ 1,3	00 00	·	_				:					
² Total received this period \$		೮ -	,	_(To Fo	orm No.	31-A-	2)					
Total payments this period \$ (To Form No. 31-B)												
Total Outstanding Balance \$ 1,300 0 (To Form No. 30-A)												