Statement of Loans Received

				Prescrib	ed by Sea	creazy of	State 3/05							
Full Name of Committee	E Fo	v A	916r	ich-	1.						· · · <u>-</u>	·		
Full Name of Committee UNICE FOU Albright From Whom Received Meliss A Albright Address 4888 Morning hight City Gran City Office									1,300 09			Annt. Incurred this Period		
Address 4333 Morning Light Ct.								-				Outstanding Balance For GIVON		
Geor City	Geor City 14 L313					Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was	<u>w</u>	18	1 -	М	D	Y	s _ O =		м С 1	15	\ 3	2 S00 40		
egistration Number, if PAC				М	D	Y			М	D	Y			
imployer/Occupation/Labor Organizatio	n*		· · ·	М	D	Y			M	D i ·	Y	:		
From Whom Received									Prior Amount			Ains. Incurred this Period		
ddress	·			-			.,= ,					Outstanding Belance		
ity	St ate	Zip Code	•		Loaz	s Re cel v	ed This Period Amour	nt) Date	чушена	This Period Amount		
ate Loss was	М	D	Y	М	D	Y	S		М	D	Y	S		
Registration Number, if PAC				М	D	Y			M	D	Y			
Employer/Occupation/Labor Organization*					D	Y			М	D	Y			
rom Whom Received						•	<u> </u>		Prior And	ORDA		Annt. Incurred this Period		
address	•											Outstanding Balance		
ity	St ate	Zip Code	,		Losms Received This Period Date Amount					Payments This Period Date Amount				
ete Losn was	М	D	Y	М	D	Y	s		М	D	Y	S		
egistration Number, if PAC	<u> </u>		.I	М	D	Y			М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y			
Required for contributions from in the individual's business, if any, rat abor organization of which the em	her than en ployees are	nployer si member	hould be li s, if any, n	sted: If t nust also	wo or m	ore emp [R.C. 3.	loyees contribute 517.10(B)(4)]	via pa	yroll ded	uction an	nd exceed	the aggregate of \$100, t		
a loan is forgiven, write "Forg come (Form No. 31-A-2). Tran alance to the Cover page (Forn	isfer total	of all pa	tanding I yments m	Balance nade in t	" space this per	. Trans iod to t	fer total of all le he Statement of	oans re Exper	eccived t aditures	this peri (Form l	iod to th No. 31-E	e Statement of Other 3). Transfer Outstandi		
Total prior amount \$ /3 4	0000													
Total received this period \$		- ن	- 42	_(To Fo	orm No									
Total payments this period \$ _		200	960	(!	То Гот	n No. 3	1-B)							
Total Outstanding Balance \$ _	<u> </u>	109	9	· .	(To For	m No.	30-A)							