4 Total Outstanding Balance \$



Statement of Loans Received

Prescribed by Secretary of State3/05

	500,000 000 000 000 000 000 000 000 000												
Full Name of Committee	- modern	/	7	* <i>l</i>									
FRENDS OF	057-	for last a	AR.	500				Prior A			A set Jeanwood this Davied		
Full Name of Committee FRIENIS OF DEFF CARSON From Whom Received JEFFREY CARSON Address									mount	Ø.00	Amt. Incurred this Period		
JEFFALY L	1412501	<u> </u>	***************************************	<u></u>			V			$Q_{2}QQ$	Outstanding Balance		
7481 MORSIE. RD											Outstanding Balance 1, 5-25,		
City State Zip Code					Loans Received This Period					Payments This Period			
NEW ALBANY	011	Date Amount					Da	te	Amount				
Date Loan was originally	M	D	Y	М	D	Y	\$	М	D	Y	\$		
Incurred				06	20	09	1,025.00						
Registration Number, if PAC					D D	09	560,00	M	D	Y			
Employer/Occupation/Labor Organization*					D	Y		М	D	Y			
From Whom Received									mount		Amt. Incurred this Period		
Address											Outstanding Balance		
		w.w.			-								
City	State Zip Code			Loans Received This Period Date Amount				Paym Date			ents This Period Amount		
Date Loan was originally	M	D	Y	М	D	Y	\$	М	D	Y	\$		
Incurred													
Registration Number, if PAC				М	D	Y		М	D	Y	N.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y			
From Whom Received									.mount		Amt. Incurred this Period		
Address				······································	one and the second seco	00-00-00-00-00-00-00-00-00-00-00-00-00-					Outstanding Balance		
City State Zip Cod				Lo	Loans Received This Period Date Amount			Payn Date			nents This Period Amount		
Detailer was originally			Ту	M	Date D	ΙΥ	S	M	T D	ΙΥ	Is		
Date Loan was originally Incurred	M	D	1	IVI			#D	141			Φ		
Registration Number, if PAC			J	М	D	Y		М	D	Y			
Employer/Occupation/Labor Organization*				M	D	Y	STATE OF THE STATE	М	D	Y			
* Required for contributions over \$100	to statewide	and gener	ral assem	bly candid	ates. If co	ntributor i	s self-employed, occupatio	n and the n	ame of the	e individua	l's business,		
if any, rather than employer should be													
the employees are members, if any, ma													
If a loan is forgiven, write "Forgiven" Transfer total of all payments made in	in the "Outsta	inding Ba	lance" sp	ace. Transf	fer total of	all loans	received this period to the Transfer Total Outstandin	Statement og Balance t	of Other In	ncome (For er page (Fo	m No. 31-A-2). rm No. 30-A).		
Transier total of all paymonts made in	portou to				/			-			•		
1 Total prior amount \$		10000	0.00	***************************************									
2 Total received this period \$			50	₹ \$5.00	(To Fo	rm No. 31	-A-2)						
3 Total Barmanta this Bariod \$				0.00	(also re	cord on F	orm 31-B)						

/. 5 2 5 0:00 (To Form No. 30-A)