2 Total received this period \$

3 Total Payments this Period \$

4 Total Outstanding Balance \$



## Statement of Loans Received

						escribed b	-	-	ste3/05					
Full Name of Committee GIBSON FOR TRUSTER  From Whom Received Share E. GIBSON  Address  Outstanding Release														
From Whom Received Shane E. GIL						550N					nount		Amt. Incurred this Period	20000
Address  State   Zip Code   Loans Received This Period   Date   Date   Amount    Date Loan was originally   M   D   Y   M   D   Y   S											Outstanding Balance			
City Grove City	Coty OH 43123					Loans Received This Period  Date Amount					Dat		ents This Period Amount	2000
Date Loan was originally Incurred	М	1	D	Y	М	D	Y	\$		8 <sup>M</sup> 9	O 8	89	s 50°22	
Registration Number, if PAC					М	D	Y		makamanda kinamanda (paga-appanamanan (assabua) oppa ang pagapapa	М	D	Y		******
Employer/Occupation/Labor Organization*					М	D	Y			М	D	Y		
From Whom Received Share E. Gibson  Address 5654 Linn DR.  City State Zip Code Loans Received This Period Date Amount									Prior A1	nount		Amt. Incurred this Period	Manda	
Address 5654 LINN DR.												Outstanding Balance	titolos	
City State Zip Code OH 43123					Loans Received This Period  Date Amount					Payments This Period  Date Amount				
Date Loan was originally Incurred	M 70	E	7	<del>4</del> 7	_ M	D	Y	\$		M 10	0/	89	\$ 4000	-
Registration Number, if PAC				M	D	Y			М	D	Y			
Employer/Occupation/Labor Organization*				М	D	Y		akti Mikata da kata da	М	D	Y			
From Whom Received										Prior Amount			Amt. Incurred this Period	*****
Address												Outstanding Balance		
City	State Zip Code				Loans Received This Period  Date Amount					Payments This Period  Date Amount				
Date Loan was originally Incurred	М	I	P	Y	М	D	Y	\$	anna di Para d	М	D	Y	\$	
Registration Number, if PAC					М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y			
* Required for contributions over \$100 to s if any, rather than employer should be liste the employees are members, if any, must a If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this	d, If two opear. R.O	ormo C. 35 nding	re empl 17.10(E	oyees d 3)(4) ce" spac	onate via e. Transfe	payroll de er total of	eduction a	and excee	ed the aggregate of \$ this period to the Sta	100, the la	bor organ Other Inc	ization of	which n No. 31-A-2).	
1 Total mion amount \$			(	00										

0.00 (To Form No. 31-A-2)

0.00 (To Form No. 30-A)

0.00 (also record on Form 31-B)