Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

					,	,					
Full Name of Committee CHiz	ens.	for	Lone	عد				_			
Full Name of Committee Cttozers for Lanese From Whom Received Lawa B. Lanese Address								Prior An	10 Uni	-	Amt. Incurred this Period
4594 Good man Street											Outstanding Balange,
Grove City	State 0#	Zip Code					ed This Period Amount		P. Date	syments :	This Period Amount
Date Loan was	м () 7	23	13	М	D	Y	S	М	D	Y	s
originally Incurred Registration Number, if PAC	10 1		<u>, , , , , , , , , , , , , , , , , , , </u>	М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	on"			М	Ď	Y		М	D	Y	
From Whom Received					<u></u>				ount	<u> </u>	Amt. Incurred this Period
Address										Ourstanding Balance	
City	St ate Zip Code Loams Rece				n Receiv	ed This Period				This Period Amount	
Date Loan was	M	D	Y	М	D	Ÿ	\$	М	D	Y	\$
originally Incurred Registration Number, if PAC	<u> </u>			М	D	Y		м	D	Ý	
Employer/Occupation/Labor Organization*				M	D	Y		М	D	Y	
From Whom Received									nount	<u> </u>	Amt. Incurred this Period
Address Outstanding Balance										Outstanding Balance	
City	St ate	Zip Code		Loans Received This Period Date Amount				Payments Date			This Period Amount
Date Loan was	М	D	Y	М	D	Y	\$	М	D	Y	S
originally Incurred Registration Number, if PAC	<u> </u>		<u>. </u>	М	D	Y		М	D	*Y	
Employer/Occupation/Labor Organizati	on*	<u> </u>		M	D	Ý		M	D	Y	
 Required for contributions from it the individual's business, if any, ra- labor organization of which the ex- 	ther than ex	nployer sh	ould be lis	sted. If tv	wo or m	ore emp	loyees contribute via	utor is sel	f-employe duction an	d, the oc	cupation and the name of the aggregate of \$100, the
If a loan is forgiven, write "For Income (Form No. 31-A-2). Tra Balance to the Cover page (For	ınsfer total	of all pay	tanding E ments m	Balance' nade in t	" space this per	. Trans iod to t	fer total of all loans he Statement of Exp	received	this peri s (Form)	iod to th No. 31-I	e Statement of Other 3). Transfer Outstanding
¹ Total prior amount S	200 9	· ·									
² Total received this period \$	– () –		(To Fo	orm No	. 31-A	-2)				

Total payments this period \$ ______ (To Form No. 31-B)

Total Outstanding Balance \$ ______ (To Form No. 30-A)