3 Total Payments this Period \$

4 Total Outstanding Balance \$

Page 1	
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Statement of Loans Received

				Pre	escribed l	by Sec	retary	of State	3/05				
Full Name of Committee	Nichtseulubailee soontsun	оконо-невомоговикојује				C-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-1002-0-100		Siri bidan da kara da kara sa				***************************************	
Hummer for Judge Committee										m: 4			A J J. 41 D J
From Whom Received Mark Hummer										Prior Am	ount	0.00	Amt. Incurred this Period 5,461.90
Address	OHWWW.											0.00	Outstanding Balance
1795 Edgemont Rd.													5,461.90
City Columbus		Zip Cod 4321		Loans Received This Period Date Amount							Date		ents This Period Amount
Date Loan was originally Incurred	M	D	Y	M 1 0	D 1 5	\int_{0}^{Y}	9	\$	5641.90	М	D	Y	\$
Registration Number, if PAC		J.,l	_L	М	D	Y				М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y				М	D	Y	
From Whom Received										Prior Am	ount		Amt. Incurred this Period
Address													Outstanding Balance
City	State	Zip Cod	e	Loans Received This Period Date Amount							Date		ents This Period Amount
Date Loan was originally Incurred	М	D	Y	М	D	Y		\$,	М	D	Y	S
Registration Number, if PAC	L	<u> </u>	_L	М	D	Y	7			М	D	Y	
Employer/Occupation/Labor Organization*					D	7			,	М	D	Y	
From Whom Received									Prior An	nount	Marine de la compania	Amt. Incurred this Period	
Address													Outstanding Balance
City	State	Zip Cod	le	Loans Received This Period							ANGRA (1833-1833)	ents This Period	
		<u> </u>			Date						Date		Amount
Date Loan was originally Incurred	М	D	Y	М	D	7	(\$		M	D	Y	5
Registration Number, if PAC				М	D	,	7			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	,	7		-	М	D	Y	
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	I. If two copear. R.Co	ormore en C. 3517.10 ading Bala	nployees d O(B)(4) ance" spac	onate via	payroll de	eduction	ns re	d exceed	the aggregate of \$10	00, the lab	or organiz	ation of w	No. 31-A-2).
1 Total prior amount \$			0.00										
2 Total received this period \$	·	************	5,4	61.90	_ (To Fo	orm No	o. 31-	A-2)					

0.00 (also record on Form 31-B)

5,461.90 (To Form No. 30-A)