Statement of Loans Received

Page _______

Prescribed by Secretary of State 3/05

Wham Basing	11/3 FOI	1-1916		, , ,-		- \	-		Prior Ar	nount			Amt. Incurred this Period	
om Whom Received	1 - L	101/101	//			,							10,000,000 Outstanding Balance	
(X41) if	evi fo	<u> 19 (2000)</u>	/										Outstanding Balance	
ddress	/	/ /										ļ	IUKCCICO	
City State Zip Code				Logns Received This Period					Payments				This Period	
				Date Amount					Date				Amount	
_	M	D '	Y	M	D	Y	S		М	D		ا اد	3	
ate Loan was riginally Incurred							-1/	0,000.00						
riginally incurred	i	<u>I </u>	 -	M	D,	Y	1	/-	M	D		Y	<u> </u>	
				-		i i								
mployer/Occupation/Labor Organiz	ation*			M	D	Y			М	D		Y		
	1A						1							
rom Whom Received	<i>V</i> ,								Prior A	mount			Amt. Incurred this Perio	
OII WHOM RESERVED									1					
ddress			.,										Outstanding Balance	
COV SEAL														
ity	St ate	Zip Code									-		21 D. J. J	
•••7	0.4			Loans Received This Period Date Amount					Payments Date				This Period Amount	
	М	DI	Yi	M	Date D	Y	S	ARROUN	M	I		Yį	s	
Date Loan was										İ				
originally Incurred		<u></u>		<u> </u>	1	┧			M	+-		Yı		
legistration Number, if PAC			ļ	M	P	Y			1 "	-		-1		
					1	1			M		! 	Yı		
Employer/Occupation/Labor Organization*				M	D	Y			I IVI	1	1			
									Dains /	Amount	<u> </u>	!	Amt. Incurred this Perio	
From Whom Received				 .		_			riiui r	(III)(IIII				
									1				Outstanding Balance	
Address													S-181-191-19	
	St ate	Zip Code							_					
ity State Zip Code				Loans Received This Period Date Amount						Payments This Period Date Amount				
	M	+ D T	Y	М	D	Y	rį S	T HITOMIN	M		D _i	Yl	S	
Date Loan was														
originally Incurred			<u> </u>	M	D	$-\frac{1}{Y}$	 		M M		<u> </u>	Yí		
Registration Number, if PAC				IVI	1	'			"	1				
				11	1 !	+	<u>}</u>		M	_+-	<u> </u>	Yi	 	
Employer/Occupation/Labor Organ	zation*			M	D	Y	1							
							<u> </u>	111 70 11		alf	alone	i the e	counation and the nem	
Required for contributions fro	m individuals	over \$100 to s	tatewide	e and	general	assem	nbly c	andidates. If contrib	utor is s _{navro} il c	en-em leducti	pioye on an	i, uie o d excee	d the aggregate of \$10	
Required for contributions fro the individual's business, if any labor organization of which the	y, rather than o	employer shou	id be list	ueci. II ust ole	O anne	it IB C	ешрю С. 351	7.10(B)(4)]	ا الحادث		J.1 U11			
If a loan is forgiven, write "	Forgiven" in	the "Outstan	iding B	alanc	e" spa	ce. Tr	ansfe	r total of all loans	receiv	ed this	peri	od to t	ne Statement of Uth	
Income (Form No. 31-A-2).	Transfer tota	al of all paym	ents ma	ade in	this p	eriod	to the	Statement of Exp	enditu	ies (f	em r	W, 21*	D). Hallster Outstan	
Balance to the Cover page (Form No. 30)-A).												
Total prior amount \$			-											
² Total received this period		-11 11	<u>,</u>	/mr ·	r .	1_ 21		`						
2 mg - 1	S 1016	$\omega \omega_i c \omega$		(10)	Form 1	40. 3 I	i-A-2)						
lotal received this period														
	,				/m ==	*	i. 21	D)						
Total payments this period	,				(To Fo	orm N	lo. 31	-B)						