Page

Statement of Loans Received

				Pre	scribed b	y Secretar	ry of State3/05						
Full Name of Committee	$\overline{}$	5	<u></u>	<u>~ </u>	Ī)))	re d						
From Whom Received B (Dogs							Prior Amount			Amt. Incurred this Period			
Address 385 Cumberland Drive										Outstanding Balance			
City Whitehall	State 	Zip Code 4321	3	Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	$O_{\mathbf{M}} \circ I$	D (00	°4012	<u> </u>	M	D 20	019	\$ 401 76 (11	
Registration Number, if PAC				M	D .	040	9447	,	J J	30	09	47 24(1	
Employer/Occupation/Labor Organization*				I ^M ()	00	$0_{\mathbf{A}}$	293 ⁵	7	М	D	Y		
From Whom Received	P	i Wa	∞	,					Prior An	nount		Amt. Incurred this Period	
Address 385 Cu	mt	senta	1 2 2		<u>Dri</u>	<u>ve</u>						Outstanding Balance	
City Whitehall	State	Zip Code 432	B	Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	M	130) ^Y 9	M	1B	040	\$Q0°	2	М	D	Y	s Ø	
Registration Number, if PAC				M	D	Y			М	D	Y	6	
Employer/Occupation/Labor Organization*				М	D	Y			M	D	Y	toraivers	
From Whom Received								Prior Ar	nount		Amt. Incurred this Period		
Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,							Outstanding Balance	
City	State	Zip Code		Loa	ns Recei Date	ved This	Period Amoun	ıt	Paym Date			nents This Period Amount	
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		M	D	Y	\$	
Registration Number, if PAC	L			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y			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 two c	rmore emplo	yees do										
If a loan is forgiven, write "Forgiven" in the													

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A

1	Total prior amount \$	0.00		
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$		0.00	(To Form No. 30-A)