Statement of Loans Received

Dana	
Page	 .

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens For When Bearing	Jos	2- P1.	ı.Th	<u> </u>						
From Whom Received	0 43	er 1 k	1111	<u> </u>		Prior An	nount		Amt. Incurred this Period	
						1.50	90, c	0	000	
Address						9	, , , ,		Outstanding Balance	
									0.00 Outstanding Balance 500.00	
City	St ate Zip Code			Loans Received This Period Date Amount			Payments This Period Date Amount			
	М	D Y,	M:	D Y	S	M	D _i	Yį	S	
Date Loan was originally Incurred			***************************************							
Registration Number, if PAC			M	D Y		M	D	ľ		
Employer/Occupation/Labor Organization*			м	D Y		М	D	Y		
From Whom Received				<u>. 1</u>	Prior Amount			Amt. Incurred this Period		
Address									Outstanding Balance	
City	St ate Zip Code			Loans Received This Period			Payments This Period			
	М	D Y _i	M,	Date D Y ₁	Amount	M	Date D	Yi	Amount	
Date Loan was originally Incurred										
Registration Number, if PAC		· 	M	D Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D Y	-	M	D	Y		
From Whom Received			<u> </u>	1 1 1		Prior Ac	nount	<u> </u>	Amt. Incurred this Period	
Address					<u></u>				Outstanding Balance	
City	St ate	Zip Code		Loans Received This Period Date Amount			I Date	ayments	This Period	
Date Loan was	М	D Y	М	D Y	S	M	D	Y	S	
originally Incurred Registration Number, if PAC	<u> </u>		М	D Y		M	D	Y		
Employer/Occupation/Labor Organization*			M	D Y		M	D	Y		
 Required for contributions from the individual's business, if any, r labor organization of which the e 	ather than er	nployer should be	listed. If	two or more en	ployees contribute via	utor is sch payroll de	f-employe duction ar	d, the oc	ecupation and the name of d the aggregate of \$100, the	
If a loan is forgiven, write "For Income (Form No. 31-A-2). Tr Balance to the Cover page (Fo	ansfer total	of all payments	Balance made in	e'' space. Tran this period to	isfer total of all loans the Statement of Exp	received enditure:	this per s (Form)	iod to th No. 31-1	ne Statement of Other B). Transfer Outstanding	
¹ Total prior amount S5	00.0	26								
² Total received this period \$_		0.00	(To F	orm No. 31-7	A-2)					
³ Total payments this period \$		0.00	<u> </u>	(To Form No	31-B)					
⁴ Total Outstanding Balance \$	50	20.00)	(To Form No	. 30-A)					