Page	POLICE CONTROL	

Statement of Loans Received

				Pro	escribed b	y Secret	tary of St	nte3/05					
Full Name of Committee Cotner For Council													
From Whom Received					***************************************				Prior Ar	nount		Amt. Incurred this Period	2000000000
Tion whom received										5,00	00.00	0.)()
Address	***************************************	***************************************	accession and a second a second and a second a second and		y and a second design of the s			ARREST CHEST CONTROL OF THE CONTROL				Outstanding Balance 5,000.	00
City	State	Zip Code		Loa	Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC	and the second second			М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	*		<u> </u>	M	D	Y			М	D	Y		
From Whom Received					Accession				Prior A	nount		Amt. Incurred this Period	
Address				***************************************			· · · · · · · · · · · · · · · · · · ·			10-5		Outstanding Balance	annous annous
City	State	Zip Code	;	Los	ins Recei Date	ved Thi	s Period	Amount		Payments This Peri			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$	
Registration Number, if PAC				М	D	Y			М	D	Y		
Employer/Occupation/Labor Organization	*			М	D	Y			М	D	Y		
From Whom Received						ademiniation (the little			Prior A	mount		Amt. Incurred this Period	-
Address	nama ou subbour ou o de diteri	**************************************		AAA MAYA AAA MARAA AA		eecolaabir hammin	***************************************	accessing to the second contract of the secon				Outstanding Balance	-
City	State	Zip Code	;	Lo	Loans Received This Period Date Amount			Payments This Period Date Amount					
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$	ECCUCION CONTRACTOR DE SERVICIO DE MANTINO COMPRENDA PARTICIPARA POR CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE	М	D	Y	\$	
Registration Number, if PAC	***************************************	w.A.c.c.c.c.c.c.c.c.c.c.c.c.c.c	diamento e en la composition de la comp	M	D	Y		<u>0000 (344) 4504 044 044 044 044 044 044 044 044 04</u>	М	D	Y		
Employer/Occupation/Labor Organization	*	ana		М	D	Y		proprieta de la companya de la comp	М	D 	Y		
* Required for contributions over \$100 to if any, rather than employer should be list the employees are members, if any, must a lift a loan is forgiven, write "Forgiven" in the state of t	ed. If two o	ormore emp C. 3517.10	oloyees d (B)(4)	lonate via	payroll de	duction	and exce	ed the aggregate of	\$100, the la	bor organiz	zation of v	<i>r</i> hich	
Transfer total of all payments made in this	period to	the Statem	ent of Ex	penditures	s (Form N	o. 31-B)). Transfe	r Total Outstanding	Balance to	the cover p	age (Forn	1 No. 30-A).	

1	Total prior amount \$	5,000.00	
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 \$	5,000.00	(To Form No. 30-A)