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P	age _	1	_

Statement of Loans Received

						Pre	scribed	by	Secreta	ıry	of State3/05	i						
Full Name of Committee		-								_		 						
Friends for Paul Bingl	e																	
From Whom Received Linda Paul													Prior	Amo	unt 5,5(ነብ ብ	'n	Amt. Incurred this Period 0.00
Address					·										الرد	0.0	U	Outstanding Balance
408 E Schreyer Pl																		5,500.00
City	Stat		Zip Cod			Loa	ns Rece	ive	d This	Pe	eriod					Pa	ym	ents This Period
Columbus		\mathbf{H}	4321				Date					nount	Date					Amount
Date Loan was originally Incurred	м 0	3	$\begin{array}{c c} D \\ 1 & 0 \end{array}$	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 7$	М		D		Y	\$	§		M		D	Y		s - o ~
Registration Number, if PAC		<u>v. 1</u>	<u> </u>	1,5,1,5,	М		D	†	Y	1			М		D	Y		
Employer/Occupation/Labor Organization*					М		D	\dagger	Y	†			М		D	Y		
From Whom Received										1			Prior	Ame				Amt. Incurred this Period
Paul Bingle													FHOL	Aut	1,00	າດ ດ	n	0.00
Address			····							_					1,00	,o.o		Outstanding Balance
408 E Schreyer Pl																		1,000.00
City	Stat		Zip Cod			Loa	ns Rece		d This	Pe			Paym				ym	ents This Period
Columbus	<u>O</u> .	H	4321				Date	_	17	T,	Aı	nount	7.0	Т	Date			Amount
Date Loan was originally Incurred	м 0	8	D 2 2	$\begin{vmatrix} \mathbf{Y} \\ 0 & 4 \end{vmatrix}$	М		D		Y	1	5		М		D 	Y		° -0-
Registration Number, if PAC		•			M		D		Y				М		D 	Y		
Employer/Occupation/Labor Organization*					М		D	1	Y	Ī			М		D	Y		
From Whom Received	******							_					Prior Amount					Amt. Incurred this Period
Address											····		Outstanding Balance					
																		
City	Stat	te	Zip Cod	е.		Loa	ns Rece Date		d This	Pe		nount			Date		ym	ents This Period Amount
Date Loan was originally	М	1	D	Y	М		D	Τ	Y	1	5	noun	M	П	D	Y		\$
Incurred Registration Number, if PAC	Ш			I., ,,, L	M		D	+	Y	t			М		D	Y		
								1		1				_				
Employer/Occupation/Labor Organization*					М		D		Y 				M		D	Y		
* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business,																		
if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which																		
the employees are members, if any, must appear. R.C. 3517.10(B)(4)																		
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-2).																		
Transfer total of all payments made in this p	eriod t	to the	e Statem	ent of Exp	enditu	ıres ((Form N	lo. 3	31 -B). ′	Tra	nsfer Total	Outstanding Bala	ance t	o the	cover pa	ge (Fo	orm	No. 30-A).

1	Total prior amount \$	6,500.00	
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-E
4	Total Outstanding Balance \$	6,500.00	(To Form No. 30-A)