



Total Outstanding Balance \$ 6046.00

Statement of Loans Received

Form 31-C

R.C. 3517.10

| Full Name of Committee | | | | | | | |
|---|--|---|---|--|---|---|-------------|
| Citizens for Bonnie Michael | (| | | | | | |
| | · | = | | | Ti. | | |
| From Whom Received | | | | | Prior Amount | Amt. Incurred this P | eriod |
| Bonnie Michael | | | | | 6046.00 | | |
| Street Address | | | | | | Outstanding Balance | е |
| 231 St Antoine St | | | | | | 6046.00 | |
| City Worthington | State OH ▼ | Zip Code 43085 | Loans Received T | his Period | Payment | Payments This Period | |
| Date Loan was Originally | Incurred (N | MM/DD/YYYY) | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/I | DD/YYYY) Amount | |
| | | 12/10/1992 | | | J | | |
| Registration Number, if PAC | | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/I | DD/YYYY) Amount | |
| Employer/Occupation/Labor Organization* | | | Date of Loan (MM/DD/YYYY) | Amount | Date of Payment (MM/I | DD/YYYY) Amount | |
| From Whom Received | | | <u> </u> | <u> </u> | Prior Amount | Amt. Incurred this Po | eriod |
| Street Address | | | | <u> </u> | | Outstanding Balance | |
| | | | | | | | • |
| City | State | Zip Code | Loans Received T | his Period | Payment | ts This Period | |
| City Date Loan was Originally | | | Loans Received T | | Payment Date of Payment (MM/I | | |
| | | | | | | DD/YYYY) Amount | |
| Date Loan was Originally | Incurred (M | | Date of Loan (MM/DD/YYYY) | Amount Amount | Date of Payment (MM/I | DD/YYYY) Amount DD/YYYY) Amount | |
| Date Loan was Originally Registration Number, if PAC | Incurred (Management) Individuals of if any, ratherization of von" in the "O | over \$100 to statewer than employer shich the employer utstanding Balance | Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) vide and general assembly car should be listed. If two or more es are members, if any, must a se" space. Transfer total of all lo | Amount Amount Amount adidates. If contril employees contralso appear. [R.Copans received this | Date of Payment (MM/I Date of Payment (MM/I | DD/YYYY) Amount DD/YYYY) Amount DD/YYYY) Amount the occupation and the on and exceed the | |
| Pate Loan was Originally Registration Number, if PAC Employer/Occupation/Labor Organ * Required for contributions from in name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total of | Incurred (Management of Management of Manage | over \$100 to statewer than employer shich the employer utstanding Balance | Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) vide and general assembly car should be listed. If two or more es are members, if any, must a se" space. Transfer total of all lo | Amount Amount Amount adidates. If contril employees contralso appear. [R.Copans received this | Date of Payment (MM/I Date of Payment (MM/I | DD/YYYY) Amount DD/YYYY) Amount DD/YYYY) Amount the occupation and the on and exceed the | |
| * Required for contributions from ir name of the individual's business, aggregate of \$100, the labor organ If a loan is forgiven, write "Forgiver (Form No. 31-A-2). Transfer total of Cover page (Form No. 30-A). | Incurred (Manization* Individuals of if any, rather inization of word in the "O of all paymes". | over \$100 to statewer than employer swhich the employed utstanding Balancents made in this p | Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) Date of Loan (MM/DD/YYYY) vide and general assembly car should be listed. If two or more es are members, if any, must a e" space. Transfer total of all loeriod to the Statement of Expe | Amount Amount Amount adidates. If contril employees contralso appear. [R.Copans received this | Date of Payment (MM/l Date of Payment (MM/l Date of Payment (MM/l Date of Payment (MM/l outor is self-employed, ti ibute via payroll deducti 3517.10(B)(4)] s period to the Statemer o. 31-B). Transfer Outs | DD/YYYY) Amount DD/YYYY) Amount DD/YYYY) Amount the occupation and the on and exceed the | |

_ (also record on Form 30-A)