## Statement of Loans Received

	1
Page	 l

			Prescrit	ed by Se	retary o	f State 3/05						
Full Name of Committee Citizens for Bonnie Michae	al .											
	<del></del>											
From Whom Received  Bonnie Michael							•	Prior Amount \$6,046.00			Amt. Incurred this Period	
Address 231 Saint Antoine St						<del>_</del>					Outstanding Balance \$6,046.00	
City Worthington	St ate OH	Zip Code 43085	Loans Received This Period Date Amount					Payments This Period Date Amount				
Date Loan was originally Incurred	1 2	1 0 9 2	M	D		5	M	D)	Y		S	
Registration Number, if PAC	·1 · ·	<u> </u>	ME	D	Y		M	D	Y			
Employer/Occupation/Labot Organizatio	n*~ -		M	D	Y	-	M	D	Y			
From Whom Received				, ,	<u> </u>		Prior Ar	mount	<u> </u>		Amt. Incurred this Period	
Address					_						Outstanding Balance	
City	St ate OH	Zip Code	ı	Loan Date	s Receiv	ed This Period Amount		Date	Payme	nts 7	This Period Amount	
Date Loan was originally Incurred	M	D Y	M	D	Y	S	М	D	Ý		\$	
Registration Number, if PAC		<u> </u>	M	D	Y		M	D	Y			
Employer/Occupation/Labor Organization	n*		M	D	Y	<del></del> -	М	D	Y		- <del></del>	
From Whom Received		.,	<u> </u>	<u> </u>	! '		Prior Ar	nount	<u>' '</u>		Amt. Incurred this Period	
Address			_			<del>-</del>					Outstanding Balance	
City	State OH	Zip Code		Loan Date	s Receiv	ed This Period Amount		Date	Payme	nts T	This Period Amount	
Date Loan was originally Incurred	M	D Y	M:	D		S	M	D			S	
Regisuation Number, if PAC			M	D	Y		M	D	M			
Employer/Occupation/Labor Organization	n"		М	D	Y		M	D	Ĭ			
* Required for contributions from inc the individual's business, if any, rath labor organization of which the emp	her than en ployees are	nployer should be lis members, if any, m	ted. If iv ust also	appear.	R.C. 35	oyees contribute via p 17.10(B)(4)]	ayroll dec	duction a	nd exc	eed 1	the aggregate of \$100, 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-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$\$6,046	3.00 —	
<sup>2</sup> Total received this period \$\$6	0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$6,046.00	(To Form No. 30-A)