Statement of Loans Received

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Page		_

Prescribed by Secretary of State 3/05

			1103410	cu by scc	reary or	State 5/05				
Full Name of Committee										
Citizens for Bonnie Micha	et									
From Whom Received			-				Prior An	nount		Amt. Incurred this Period
Bonnie Michael						\$6,	046.00			
Address										Outstanding Balance
231 St. Antoine St										\$6,046.00
City	St ate	Zîp Code		-				_		
Worthington	ОН	43085		Loan Date	s Receiv	ed This Period Amount		Date I	'ayments	This Period Amount
Date Loan was	M	D Y	M	P	Y	S	M	P	Y	\$
originally Incurred	1 2	1 0 9 2	1	1 1			1			
Registration Number, if PAC	<u> </u>	'	M	<u> </u>	Yı	-	M	- '	Y.	
Employer/Occupation/Labor Organization	m*	 	M	D	Y,		M	 	1 Y	<u> </u>
										
From Whom Received		•	•	'			Prior An	nount	'	Amt. Incurred this Period
										\
Address										Outstanding Balance
City	St ate	Zip Code								
	OH		Ι,	Loan Date	s Receiv	ed This Period Amount	1	Date F	яушепы	This Period Amount
	M	D Y _t	М	D	Yı	Is	M	D	I V	Is
Date Loan was						1		1 1		
originally Incurred		<u> </u>		<u> </u>						
Registration Number, if PAC			M	D	Y		M	D	Y	
								1 1	1 (
Employer/Occupation/Labor Organization	XX *		M	D	Yı		M	D.	Yı	
From Whom Received				•	•		Prior An	nount	•	Amt. Incurred this Period
							1			
Address									•	Outstanding Balance
City	St ate	Zip Code				• • •				
	OH		[Loan Date	s Receiv	ed This Period Amount	1	Date F	ayments	This Period Amount
D . I	M	D Y	M	D	Y	s	M	P	Y	S
Date Loan was	1 1						1			
originally Incurred	<u> </u>	<u> </u>	1		<u> </u>		1	+ -		
Registration Number, if PAC			M		ľ		M	P		
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Yi	
						1				
Required for contributions from individuals over \$100 to statewide an				 	<u> </u>	<u>l</u>	 _	, I 	1 1	<u> </u>
Required for contributions from in	idividuals c	ver 5100 to statewic	ie and ge	eneral as	sembly.	candidates. It contribu	nor is self	-employe	a, the occ	cupation and the name of

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).

Total prior amount \$\$6,0		
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$6,046.00	(To Form No. 30-A)

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]