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Statement of Loans Received

	Prescribed by Secretary of State3/05						
Full Name of Committee	nool Boged						
From Whom Roleived Herine B	Wood	Prior Amount Amt. Incurred this Period					
Address 385 Cumber and City / / / / State Zip Gode.	Outstanding Balance						
Date Loan was originally M D Y	Amount	Payments This Period Date Amount					
Incurred Registration Number, if PAC	99140940110 M D YO COUNTY	M Z O O O O O O O O O O O O O O O O O O					
Employer/Occupation/Labor Organization*	1001204 949-	M D Y					
From WhomReceived	11 10 10 17 10 17 12 13 -	Prior Amount Amt. Incurred this Period					
Address		Outstanding Balance					
City State Zip Code	Loans Received This Period Date Amount	Payments This Period					
Date Loan was originally M D Y Incurred	M D Y \$	Date Amount M D Y \$					
Registration Number, if PAC	M D Y	M D Y					
Employer/Occupation/Labor Organization*	M D Y	M D Y					
From Whom Received		Prior Amount Amt. Incurred this Period					
Address		Outstanding Balance					
City State Zip Code	Loans Received This Period Date Amount	Payments This Period Date					
Date Loan Was originally M D Y Incurred	M D Y \$	M D Y \$					
Registration Number, if PAC	M D Y	M D Y					
Employer/Occupation/Labor Organization*	M 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 payments made in this period to the Statement of Exp	. Transfer total of all loans received this period to the Stateme enditures (Form No. 31-B). Transfer Total Outstanding Balane	nt of Other Income (Form No. 31-A-2). ce to the cover page (Form No. 30-A).					

1	Total prior amount \$	0.00	880	
2	Total received this period \$		0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	And the second s	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$		0.00	(To Form No. 30-A)