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Statement of Loans Received

Prescribed by Secretary of State3/05

Eull Name of Committee							•					
Full Name of Committee FRANKLIN COUNTY	/ LIBE	ERTA	RIAN	PART	ΓΥ							
From Whom Received							Prior Amount			Amt. Incurred this Period		
MARK NOBLE						0.00			87.00			
Address					-				: c			Outstanding Balance
723 SPRINGS DR												87.00
City	State	Zip Code	:	Loa	ns Receiv	ved This	Period				Payn	nents This Period
COLUMBUS	OIH	43214	1		Date Amount				Date			Amount
Date Loan was originally	М	D	Y	M	D	Y	S		Mj	D	Y	s
Incurred	0 4	1 1	115	$0 \mid 4$	111	1 5		29.00				}
Registration Number, if PAC				M	D	Y			M	D	Y	
				0 5	111	1 5	1	29.00			}	1
Employer/Occupation/Labor Organization*				М	D	Y			M	D	Y	
				0 6	1 1	1 5	1	29.00				
From Whom Received								•	Prior .	Amount		Amt. Incurred this Period
			·							_		
Address												Outstanding Balance
City	State	Zip Code	:	Loa	as Receiv	ed This	Period		Payments This Period			
					Date			Amount	Date			Атюшт
Date Loan was originally	М	D	Y	М	D	Y	S		M	D	Y	S
Incurred	1		<u> </u>									
Registration Number, if PAC				М	D	Y			M	D	Y	
							<u> </u>					
Employer/Occupation/Labor Organization*				M:	D _.	Y .			Mi	D	Y.	
							<u> </u>					
From Whom Received				_					Prior .	Amount		Amt. Incurred this Period
Address		•										Outstanding Balance
City	State	Zip Code		Loa	ns Recei	ved This	Period				Pavo	nents This Period
1 1 1			Date Amount					Date			Amount	
Date Loan was originally	M	D	Y	M	D	Y	S		Mi	D	Y	s
Incurred		1 1								1		
Registration Number, if PAC	<u> </u>		•	M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M;	D	Y			M	D	Y	
				<u> </u>		<u> </u>	<u></u>			<u> </u>		
* Required for contributions over \$100 to st	tatenside a	nd agazer	l accembl	v candidate	as If con-	mihestar ic	calf.an	information and	d the n	ome of the	individual'e	hacinece

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. 1	31-A-2
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No.	30-A).

1	Total prior amount \$	0.00_	
2	Total received this period \$	87.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	_ (also record on Form 31-B
4	Total Outstanding Balance \$	87.00	(To Form No. 30-A)

^{*} 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)